

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Occupation <i>Child</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Anthony Adams</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Etta Smith</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Etta Smith</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Borne</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. P. Schuler</i>	
<i>—</i>		Address <i>—</i>	
Accident or Suicide?		<i>—</i>	

Caffman
Rose Hill

Name
in
Full

Martin, Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

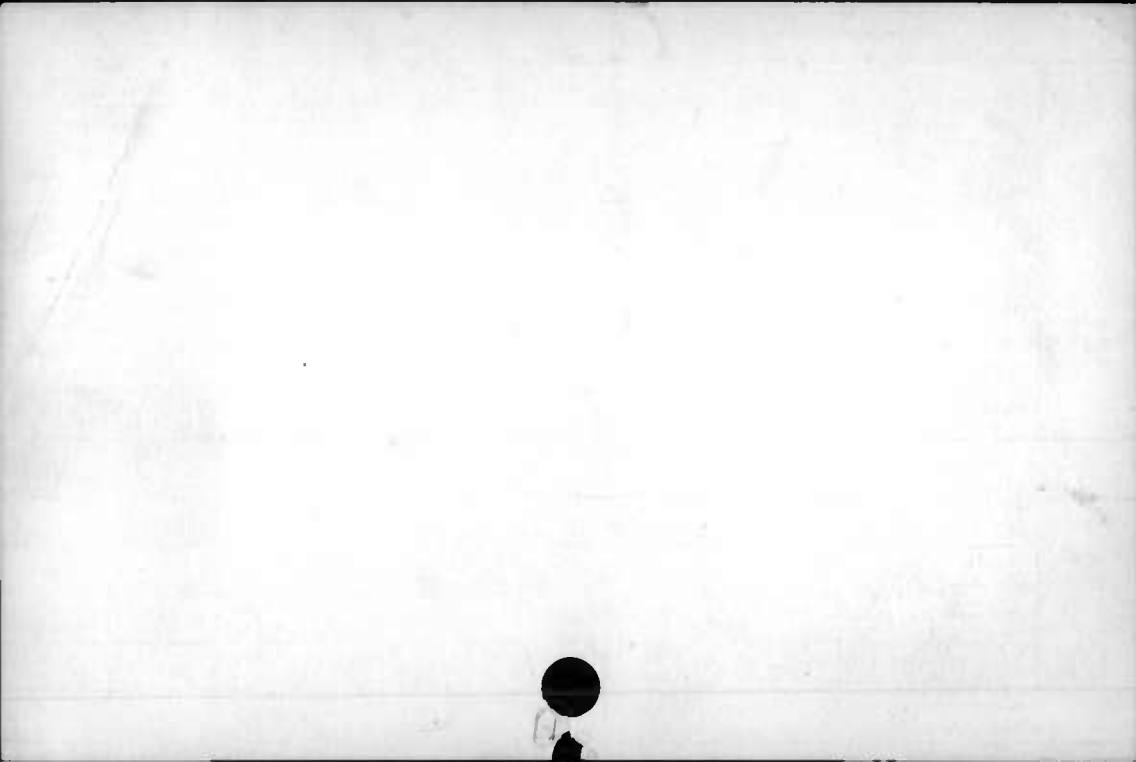
Died at <i>Bunkstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>15</i>	Years <i>71</i>	Months <i>—</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth place <i>md</i>		
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>Jacob Adams</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Sarah Baruchewiser</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Loretta Faschichak</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

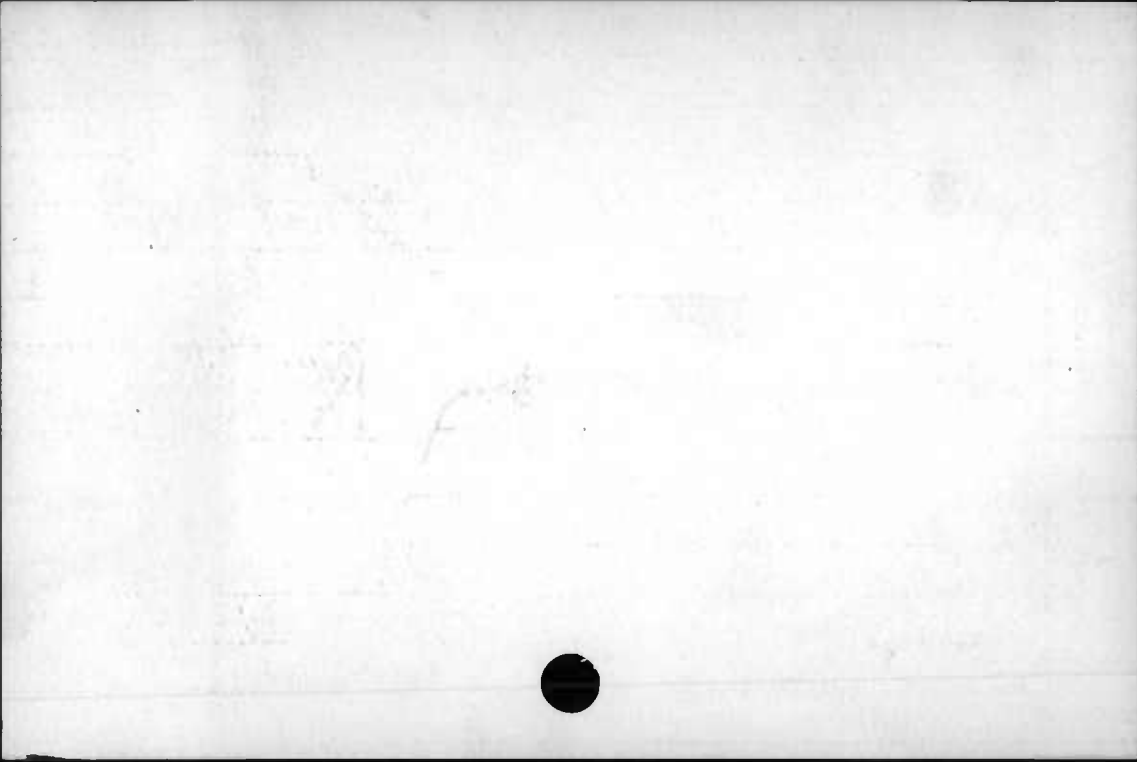
157

PHYSICIAN
OR CORONER

Primary <i>Asphyxia</i>	How long <i>not known</i>
Immediate <i>Asphyxia from Strangulation</i>	How long " "
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. F. S. Newcome</i>
	Address <i>Frederick md</i>
Accident or Suicide?	



Name in Full		Town				County		MARYLAND	
Jennie V. Ambrose		Hagerstown				Wash.			
Died at		Date of death		Month	Day	Years	Months	Days	
1907		11		5	Age	22			
Sex		Color or Race		Birth-place					
female		white		Md.					
Occupation		Where Residing if not at place of death							
Servant									
Married, Single or Widowed		Name of Wife or Husband							
single									
Father's Name		Father's Birthplace							
George C. Ambrose		Md.							
Mother's Maiden Name		Mother's Birthplace							
Emma Ross		"							
Name of person giving information		How related to deceased							
Geo C. Ambrose		Father							
		CAUSES OF DEATH		129					
Primary		How long							
Uterine Polyp		9 mos							
Immediate		How long							
Hemorrhage & exhaustion		One week							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
yes		L M Verty							
		Address							
		121 W. Washington St							
		Hagerstown							
Accident or Suicide?									
no									



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Andrews

Town

County

Died at Hagerstown

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

11

29

Age

3-

6

1

Sex

Female

Color or
Race

white

Birth
Place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Lester Andrews

Father's
Birthplace

md

Mother's
Maiden Name

Lizzie Miner

Mother's
Birthplace

md

Name of person giving
In formation

Lester Andrews

How related
to deceased

Father

CAUSES OF DEATH

17

Primary

scarlet fever

How long

7 days

Immediate

Endocarditis - inflammation of Rheumatism

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. D. Miller

Address

Hager - md

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Coffman

11/30

Name
in
Full

Frederick F. McComas Angle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County wash.		MARYLAND	
Date of death		1907	Month 11	Day 17	Age 12	Years	Months Days
Sex male		Color or Race white		Birth-place Md.			
Occupation child				Where Residing if not at place of death			
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name Samuel P Angle		Father's Birthplace Md.					
Mother's Maiden Name Sarah Bowser		Mother's Birthplace "					
Name of person giving information S. P. Angle		How related to deceased father					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Bullet Wound -	How long	Free hours
Immediate	Exhaustion	How long	Free hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		L. M. Wertz	
Address		Hagerstown Md	
Accident or Suicide?		accident	

Enter Williamsport

Name
in
Full

CERTIFICATE OF DEATH

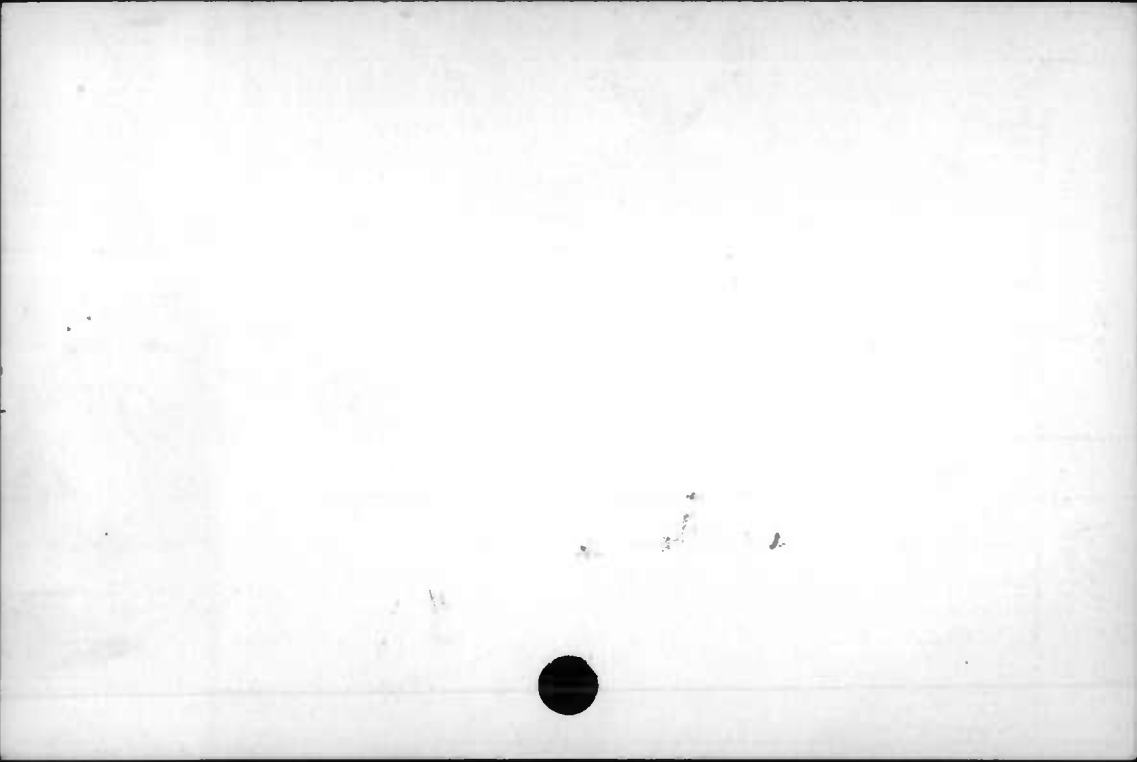
TO BE ANSWERED BY
NEAREST FRIEND

Died at		near Town <i>Hancock</i>		County <i>Was</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1907</i>		<i>Nov</i>	<i>1st</i>	<i>72</i>		"	"
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth place	<i>England</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death <i>Near Hancock</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Mary Spicer</i>				
Father's Name	<i>Don't know</i>					Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>" "</i>					Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Edward Spicer</i>					How related to deceased	<i>Brother in law</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age,</i>	How long	<i>Two years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>P. Edward Higgins</i>	
		Address	
		<i>Hancock, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Unnamed Infant Baker		Town Roxbury		County Washington		State MARYLAND	
Died at		Month Nov.		Day 4		Age Years	
Date of death 1907		Months 4		Days 4			
Sex Female		Color or Race White		Birthplace Roxbury			
Occupation 				Where Residing if not at place of death 			
Married, Single or Widowed 				Name of Wife or Husband 			
Father's Name Wm E. Baker				Father's Birthplace Pa.			
Mother's Maiden Name Mary E. Reed				Mother's Birthplace MD			
Name of person giving information Wm E. Baker				How related to deceased 5 Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born		How long 	
Immediate 		How long 	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician U. M. Richard	
		Address Fairplay.	
Accident or Suicide? 			

1917

Name in Full Susan Beachley		CERTIFICATE OF DEATH	
Died at Downsville ^{Town}		Washington ^{County}	
Date of death 1907 ^{Month} Nov ^{Day} 19 ^{Age} 70 ^{Years}		3 ^{Months} 3 ^{Days}	
Sex Female		Color or Race White	Birth-place Coffmansville
Occupation Housekeeper		Where Residing if not at place of death	
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name Martin Beachley		Father's Birthplace In Germany	
Mother's Maiden Name Elizabeth Coffman		Mother's Birthplace Near Sharpsburg	
Name of person giving information Levi J Beachley		How related to deceased Brother	
CAUSES OF DEATH			
Primary Dropsy & Valvular heart trouble		How long Three months	
Immediate Heart failure		How long Sudden	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. Richardson	
		Address Williamport Md.	
Accident or Suicide? No			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

BR.

Cyprus
Rue Hall

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lawrence Bishop

Died at <i>Hancock Co.</i>		Town <i>Hancock Co.</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>10</i>	Age <i>61</i>	Years	Months <i>8</i>	Days <i>16</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fulton Co.</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Died at home</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha Bishop</i>						
Father's Name <i>George Bishop</i>	Father's Birthplace <i>Pa.</i>						
Mother's Maiden Name <i>Carah Warner</i>	Mother's Birthplace <i>Ca</i>						
Name of person giving information <i>Martha Bishop</i>	How related to deceased <i>Wife</i>						

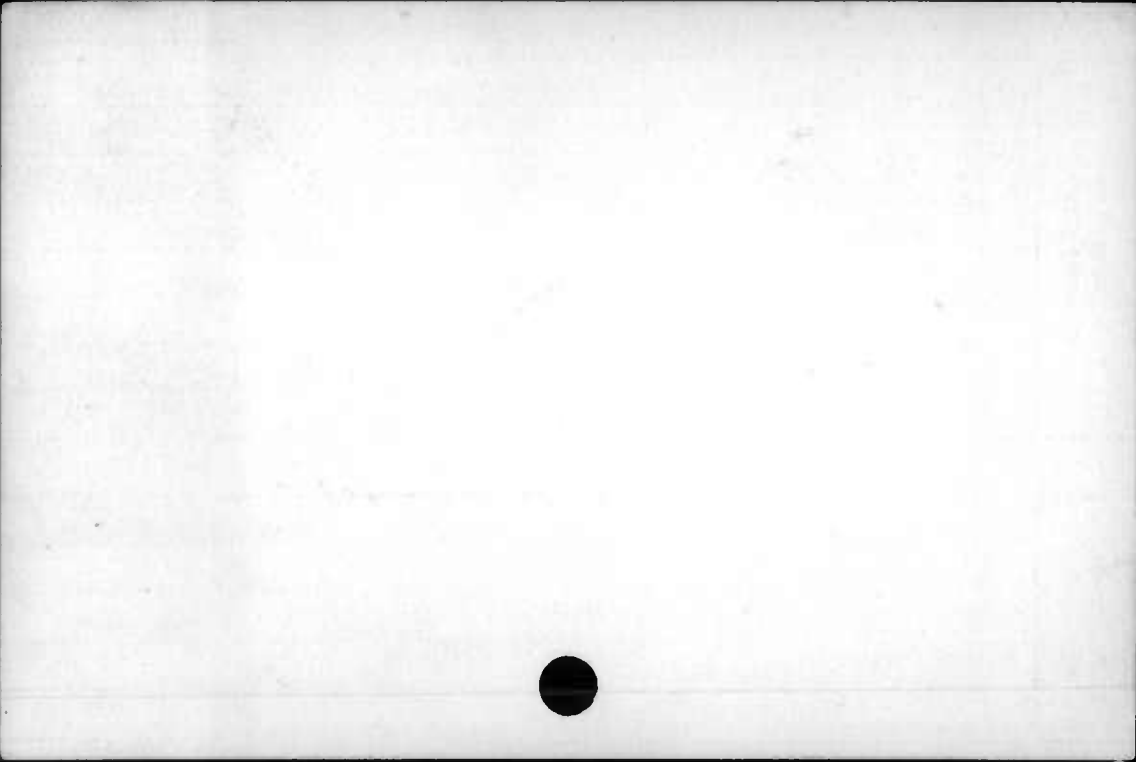
Dr. Steger

CAUSES OF DEATH

11

PHYSICIAN
OR CORONER

Primary Cause of Death <i>Dysphenteria</i>	How long <i>3 wks</i>
Immediate Cause of Death	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. E. Steger</i>
	Address <i>Hancock Co. Md.</i>
Accident or Suicide?	



Name
in
Full

Thomas A. Brown

CERTIFICATE OF DEATH

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NEAREST FRIEND

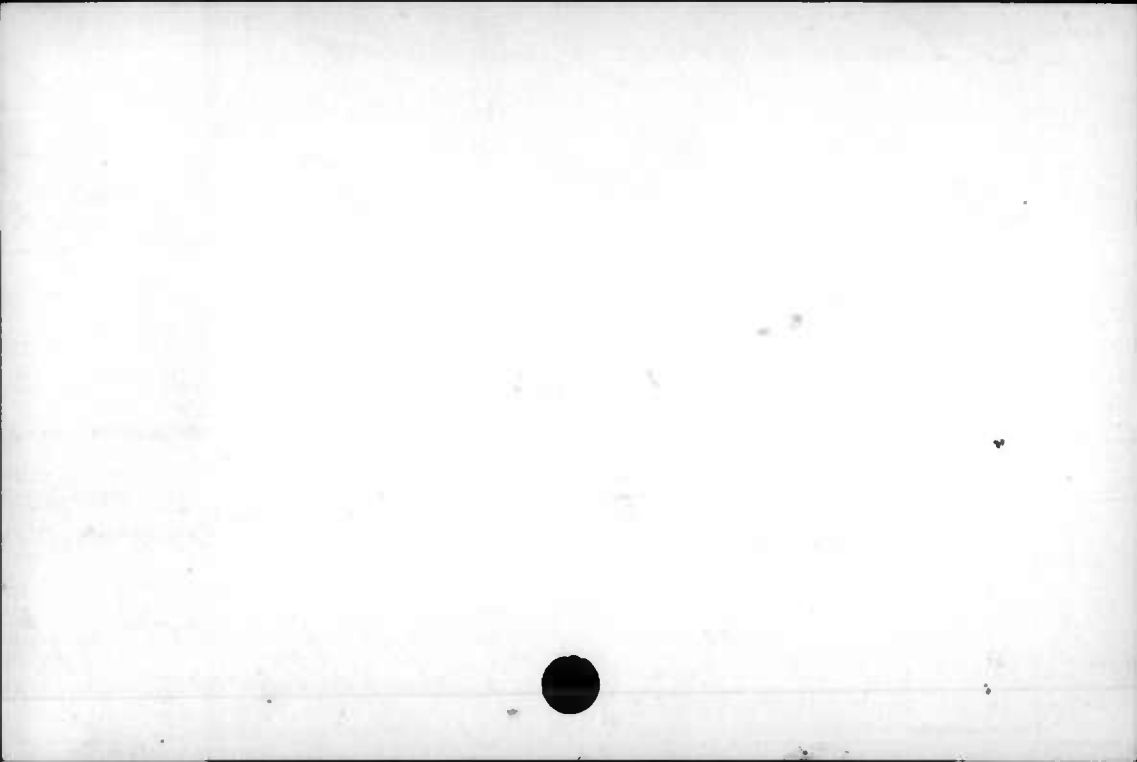
Died at		Town Smithsburg		County Washington		MARYLAND					
Date of death 1907		Month 11		Day 9		Age 72		Months 7		Days 26	
Sex Male		Color or Race White		Birth place Frederick Co.							
Occupation Farmer		Where Residing if not at place of death Smithsburg									
Married, Single or Widowed Widowed		Name of Wife or Husband Thomas A. Brown									
Father's Name Ignatius Brown		Father's Birthplace Not Known									
Mother's Maiden Name McAfee		Mother's Birthplace Not Known									
Name of person giving Information Ruben B. Brown		How related to deceased Son									

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Incidence of Old Age		How long confined to bed about 2 1/2 months	
Immediate Exhaustion		How long Several hours	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. L. Massie M.D.	
		Address Smithsburg	
Accident or Suicide?		Mod.	



Name
in
Full

Thomas Henry Bucher

CERTIFICATE OF DEATH

Town

County

Died at

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

11

23

Age

70

Sex

Male

Color or
Race

White

Birth-
place

Unknown

Occupation

Blacksmith

Where Residing if not
at place of death

Cyrus Blickenstaff

Married, Single
or WidowedName of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Dr. M. K. Kefauver

How related
to deceased

Physician

CAUSES OF DEATH

106

Primary

Chronic Illness - Colic

How long

3 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

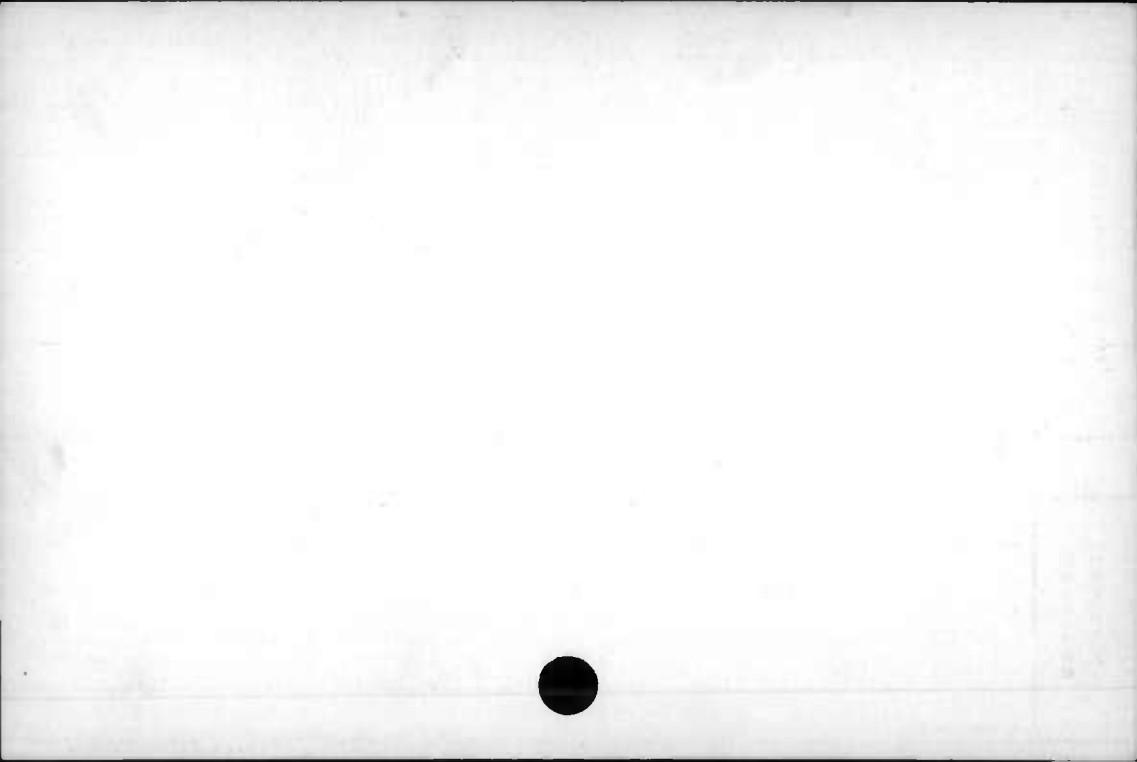
Dr. M. K. Kefauver

Address

Smithsburg
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Amanda Canada.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

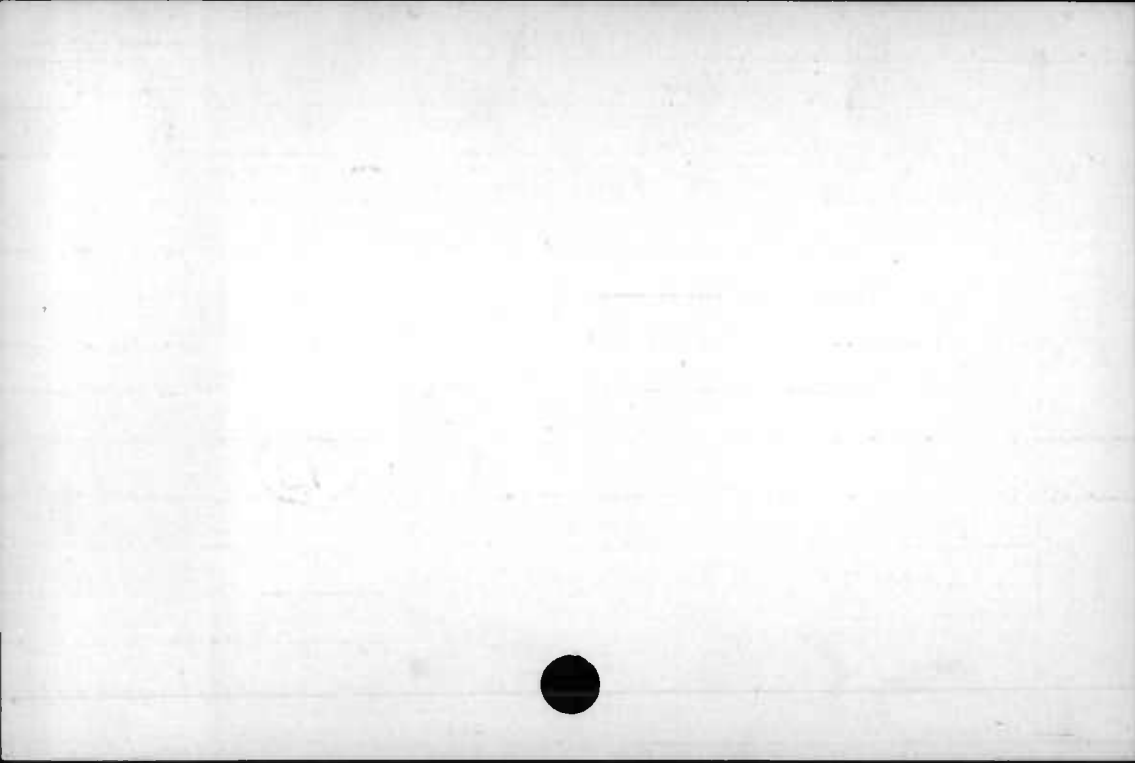
Died at		Town Walnut Point		County Washington		MARYLAND	
Date of death		Month Nov.	Day 30	Age 0	Years 0	Months 1	Days 12
Sex Female		Color or Race Colored		Birth place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Pete Canada		Father's Birthplace Va.					
Mother's Maiden Name Sally's Smothers		Mother's Birthplace Va.					
Name of person giving In formation Pete Canada		How related to deceased Father					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Thick Limp.	How long	3 weeks.
Immediate	Pneumonia.	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		W. S. Richardson	
		Address	
		Williamsport	
Accident or Suicide?			
No.			



Name
in
Full

Margaret B. Chaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Washington ^{County} MARYLAND

Date of death 190 7 ^{Month} 11 ^{Day} 4 ^{Years} 64 ^{Months} 0 ^{Days} 0

Sex Female Color or Race white Birth-place Md.

Occupation N. N. Where Residing if not at place of death Hagerstown

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Edith Chaney Father's Birthplace Md.

Mother's Maiden Name Jenna Rowe Mother's Birthplace Md.

Name of person giving information Jenna Newcomer How related to deceased Daughter

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Chronic Gastritis How long 20 yrs.

Immediate Exhaustion How long 16 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. Schuler

Address —

Accident or Suicide? No

Nov-6

Name
in
Full

Premature birth Chromaster

CERTIFICATE OF DEATH

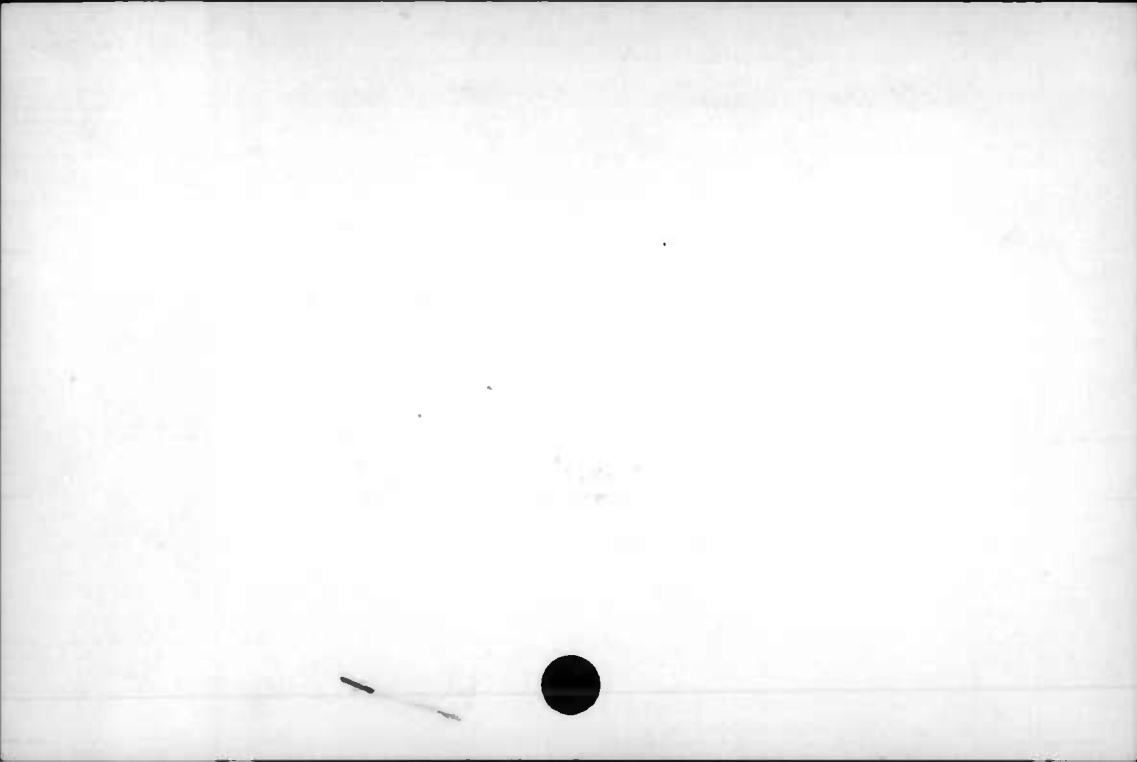
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Wash.</i>		MARYLAND	
Date of death	<i>Nov.</i> Month	<i>Nov</i> Day	Age <i>11</i> Years	Months	Days
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation			Birth-place	<i>Hagerstown Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Edward J. Chromaster</i>			Father's Birthplace	<i>Pd</i>
Mother's Maiden Name	<i>Mabel M. Middlekauff</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Edw. J. Chromaster</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	
Immediate	<i>Chances low</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>O. H. W. Ragace</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Elmina Clarke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		11	19	Age	62		
Sex	Female		Color or Race	White		Birth-place	Pa
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name		Wm. Hanafious				Father's Birthplace	Pa
Mother's Maiden Name		Elizabeth Kingst				Mother's Birthplace	Pa
Name of person giving information		John Wise				How related to deceased	Son

CAUSES OF DEATH.

42

PHYSICIAN
OR CORONER

Primary	Uterine Carcinoma		How long	Three years
Immediate	Exhaustion		How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Hagerstown Md.	
Accident or Suicide? _____				

Waldens
Lebanon Pa

12/2

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keop Leyst</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>11</i>	Day <i>8</i>	Age <i>6</i>	Years <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i> Md</i>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>David Clipp</i>		Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Ida M. Huff</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>W. M. Huff</i>		How related to deceased <i>nucle</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>3 Weeks</i>
Immediate	<i>convulsions</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Foustee,</i>	
		Address <i>Brownsville, Maryland.</i>	
Accident or Suicide?			

Charleston W Va
to H Jackson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND			
Date of death	1907	Month <i>11</i>	Day <i>10</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>8</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Ind.</i>
Occupation	<i>—</i>			Where Residing if not at place of death			<i>—</i>
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband				<i>—</i>
Father's Name	<i>Harry W. Delosier</i>				Father's Birthplace	<i>Ind.</i>	
Mother's Maiden Name	<i>Sarah M. Wolfel</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>H. W. Delosier</i>				How related to deceased	<i>father.</i>	

CAUSES OF DEATH

⑧

PHYSICIAN
OR CORONER

Primary (Contributory)	<i>Marasmus</i>	How long	<i>about 1 month</i>
Immediate	<i>Whooping cough.</i>	How long	<i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>M. G. Laughlin M.D.</i>
		Address	<i>Hagerstown</i>
Accident or Suicide?			

Hancock

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alice Emalina Eavoy</i>			Town <i>Fargo</i>		County <i>Washington</i>		State <i>MARYLAND</i>		
Died at <i>Fargo</i>		Month <i>11</i>		Day <i>14</i>		Age <i>—</i> Years		Months <i>—</i> Days <i>28</i>	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fargo</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>Fargo</i>					
Married, Single or Widowed				Name of Wife or Husband <i>—</i>					
Father's Name <i>William Eavoy</i>				Father's Birthplace <i>Sharpsburg</i>					
Mother's Maiden Name <i>Carrie Hatter Mullins</i>				Mother's Birthplace <i>Fargo</i>					
Name of person giving information <i>William Eavoy</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Jaundice</i>	How long <i>28 days</i>
Immediate <i>Double Pneumonia</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Nikiser</i>
	Address <i>Kedysville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Benjamin H. Edmonds				Town		Brownsville		County		Washington		MARYLAND	
Died at		Date of death		Month		Day		Age		Years		Months		Days	
Sex		Male		Color or Race		White		Birth-place		Haworton					
Occupation		Miller		Where Residing if not at place of death		Brownsville									
Married, Single or Widowed		Single		Name of Wife or Husband		Elizabeth Harris									
Father's Name		L. Edmonds		Father's Birthplace		Not Known									
Mother's Maiden Name		Sarah Houston		Mother's Birthplace		Not Known									
Name of person giving information		Mrs. Mattie Jannings		How related to deceased		Daughter									

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary		Acute Indigestion		How long		8 days	
Immediate		Cerebral Hemorrhage		How long		4 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. L. Yount	
				Address		Brownsville Mo.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

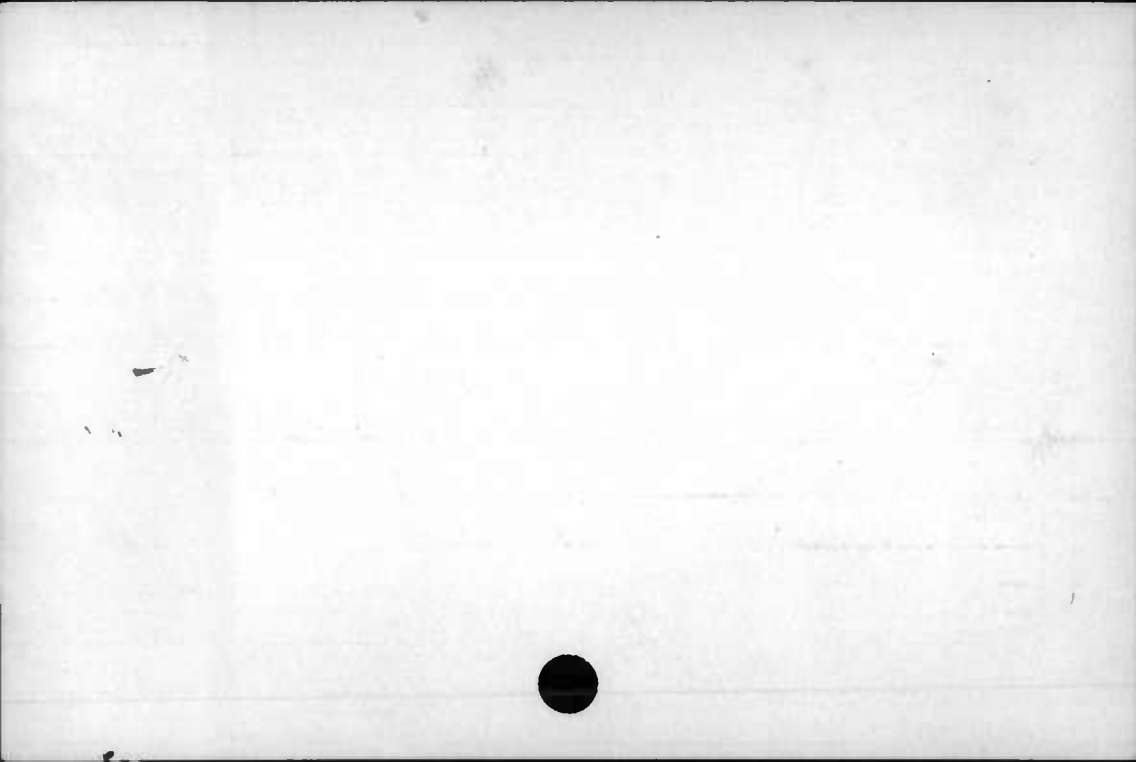
Died at <i>Hagerstown</i> ^{Town}		<i>Wash.</i> ^{County}		MARYLAND	
Date of death	<i>1904</i> ^{Month}	<i>11</i> ^{Day}	<i>23</i> ^{Year}	<i>63</i> ^{Years}	<i>00</i> ^{Months}
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Md.</i>
Occupation	<i>Retired Merchant</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife	<i>Mrs Katherine Frechtiq</i>		
Father's Name	<i>Charles Frechtiq</i>	Father's Birthplace	<i>Md.</i>		
Mother's Maiden Name	<i>Carver</i>	Mother's Birthplace	<i>"</i>		
Name of person giving information	<i>Mrs C. C. Frechtiq</i>		How related to deceased	<i>wife</i>	

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary	<i>Angina Pectoris</i>	How long	<i>2 months</i>
Immediate	<i>Asthma</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. D. Wampler</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide?			



Name
in
Full

Edna Gallayer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>11</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>5-</i> <small>Months</small>	<i>27</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>MD</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Edward Gallayer</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Lillie Saunders</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Emma Saunders</i>	How related to deceased <i>Grandmother</i>				

CAUSES OF DEATH

(71)

PHYSICIAN
OR CORONER

Primary <i>Choking</i>	How long <i>3 days</i>
Immediate <i>convulsions</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Schell</i>
	Address <i>Hagerstown</i>
Accident or Suicide?	

Leffman
Leffman

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

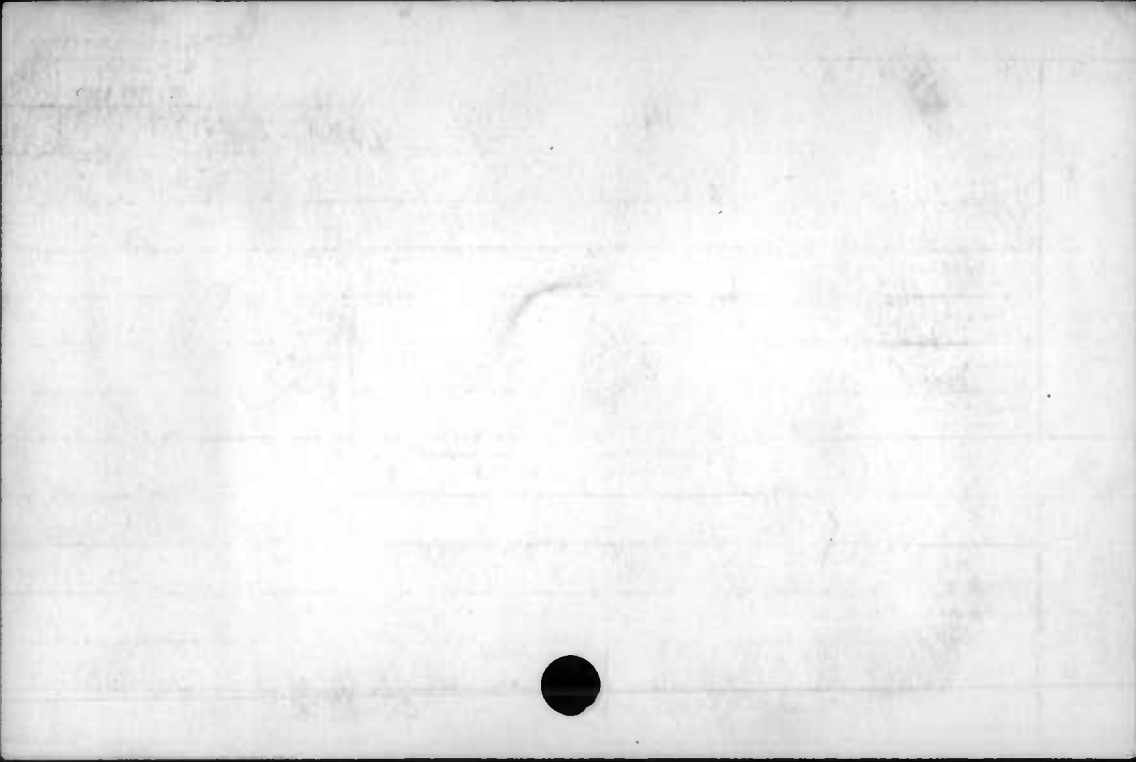
Name in Full <i>Sarah Rebecca Gravers</i>		Town <i>Hancock</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hancock</i>		Month <i>Nov</i>		Day <i>6</i>		Years <i>5</i>	
Date of death <i>1907</i>		Age <i>5</i>		Months <i>29</i>		Days <i>29</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Hancock Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Died at home.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Edward Gravers</i>					
Father's Name <i>Edward Gravers</i>		Father's Birthplace <i>Hancock Md</i>					
Mother's Maiden Name <i>Rosa V. Johnson</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Edward Gravers</i>		How related to deceased <i>Father</i>					

Dr West.

CAUSES OF DEATH

119PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>3 mos</i>
Immediate <i>Acute nephritis</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. West</i>
	Address <i>Hancock Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		Washington		MARYLAND	
Date of death <i>1907</i>		Month <i>11</i>		Day <i>7</i>		Age <i>1</i>		Years <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>4</i>		Days <i>—</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward Halbach</i>				Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Nannie Ridemours</i>				Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Edward Halbach</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>		How long <i>11 wks</i>	
Immediate <i>Dyspnoea</i>		How long <i>Sudden</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. O. Stauffer</i>	
Address <i>Hagerstown, Md.</i>		Address <i>Hagerstown, Md.</i>	
Accident or Suicide? <i>No</i>		Accident or Suicide? <i>No</i>	

Copper
Rox Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia Ann. Hamilton</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>11</i>		Age <i>82</i>	
Date of death <i>1907</i>		Month <i>11</i>		Day <i>11</i>		Age <i>82</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>			
Occupation <i>Lady of Leisure</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Hamilton</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Anna M. M. Hees</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs Julia H. Briscoe</i>				How related to deceased <i>Niece</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>many years</i>
Immediate <i>Relapsing</i>	How long <i>weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Preston Miller</i>
	Address <i>Hagerstown Md</i>
<i>Accident or Suicide?</i>	

Sutter & Son

Copied
Waynesboro

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

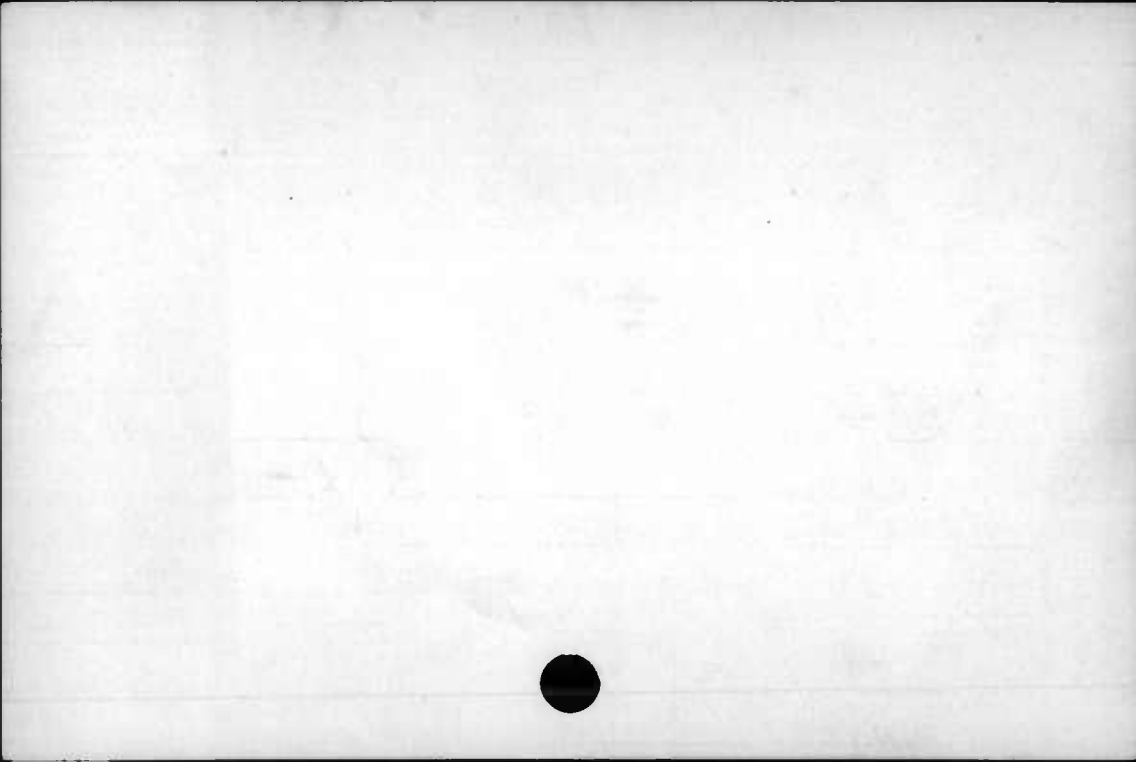
Died at <i>Hagerstown</i>		Town		County <i>Wash.</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>11</i>	Day <i>28</i>	Age <i>87</i>	Years	Months <i>5</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Penna.</i>				
Occupation <i>H. W.</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Jacob Knuck.</i>						
Father's Name <i>Joseph Breuer</i>	Father's Birthplace <i>Penna.</i>						
Mother's Maiden Name <i>Mary E. Hires</i>	Mother's Birthplace <i>Ind.</i>						
Name of person giving information <i>Mrs Mary E. Baker</i>	How related to deceased <i>daughter</i>						

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>6 yrs.</i>
Immediate <i>Emphysema</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. D. Hughes</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharpsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Nov</i> ^{Day} <i>21</i>		Age <i>50</i> ^{Years}		<i>2</i> ^{Months} <i>4</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sharpsburg</i>	
Occupation <i>Proprietor Hotel</i>		Where Residing if not at place of death <i>Sharpsburg</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harriet Highburger</i>			
Father's Name <i>Nathan Highburger</i>		Father's Birthplace <i>Sharpsburg</i>			
Mother's Maiden Name <i>Elizabeth Webb</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Alvay Highburger</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion Fatty Heart-</i>	How long <i>Five hours</i> Years
Immediate <i>Acute Indigestion</i>	How long <i>Five hours</i> Years
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Garrett.</i>
	Address <i>Sharpsburg, Md.</i>
Accident or Suicide?	

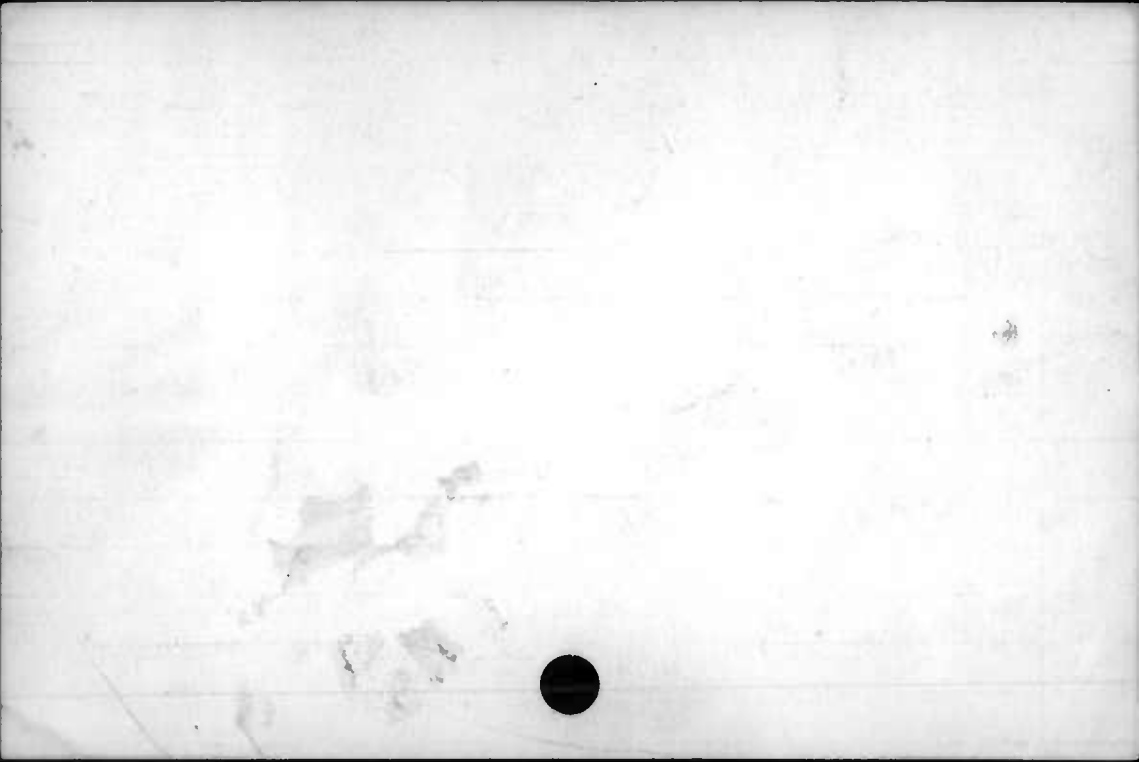
Chas. S. Mace
Undertaker

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

6

Name in Full Amanda Elizabeth Breminger		CERTIFICATE OF DEATH	
Died at Funkestown ^{Town}		Washington ^{County}	
Died at Funkestown ^{Town}		MARYLAND	
Date of death 1907	Month 11	Day 12	Age 63 Years Months 6 Days 6
Sex Female	Color or Race White	Birth-place Frederick, Co	
Occupation house keeper	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Oliver E. Breminger		
Father's Name Ezra Moyer	Father's Birthplace Dart, Mo		
Mother's Maiden Name Marietta Nicholas	Mother's Birthplace Dart, Mo		
Name of person giving Information Louise V Hobb	How related to deceased Daughter		
CAUSES OF DEATH 45			
Primary Malignant Tumor	How long 10 months		
Immediate Heart failure	How long 12 hours		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C. J. Wainwright		
	Address Funkestown		
Accident or Suicide?	Med		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs. Catherine Clarissa Jones* Town *Hagerstown* County *Washington* MARYLAND
Died at
Date of death *1907* Month *11* Day *24* Age *80* Years Months *4* Days *12*
Sex *Female* Color or Race *White* Birth place *Pa*
Occupation *sewing* Where Residing if not at place of death _____
Married, Single or Widowed *Widow* Name of Wife or Husband *Alfred Jones*
Father's Name *Steward Bramley* Father's Birthplace *don't know*
Mother's Maiden Name *Margaret Hobbs* Mother's Birthplace *don't know*
Name of person giving information *Emma G. Henge* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senility* *154* How long *✓*
Immediate *...* How long *Gradual*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Wm. Preston Miller*
Address *Hagerstown Md*
Accident or Suicide? *—*

Walden.
Hannover, Pa

12/2

Name
in
Full

Melinda Kandy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

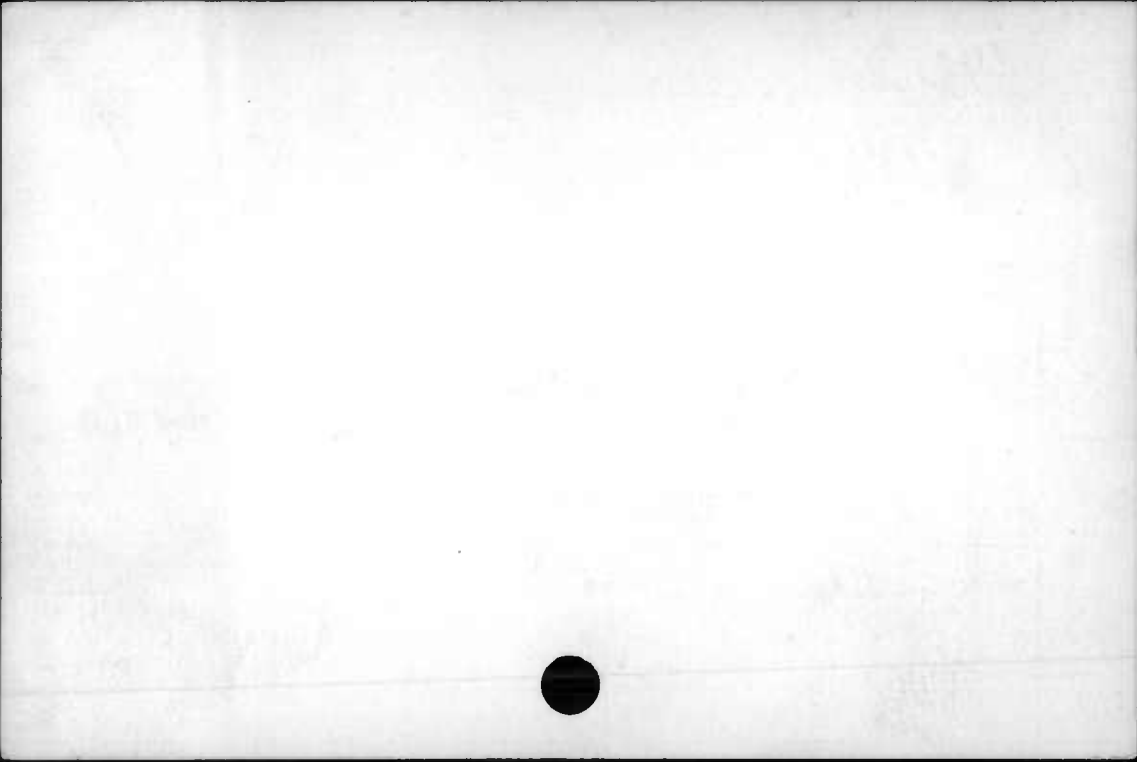
Died at <u>Kendysville</u> ^{own} <u>Washington</u> ^{County}		Date of death <u>1907</u> <u>11</u> ^{Month} <u>7</u> ^{Day} <u>59</u> ^{Years} <u>9</u> ^{Months} <u>9</u> ^{Days}	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth place <u>Kendysville</u>	
Occupation <u>None</u>	Where Residing if not at place of death <u>Kendysville</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>		
Father's Name <u>Jacob H Kandy</u>	Father's Birthplace <u>Kendysville</u>		
Mother's Maiden Name <u>Maria Stark</u>	Mother's Birthplace <u>Robersville</u>		
Name of person giving information <u>Dr Harry Hightman</u>	How related to deceased <u>Niece</u>		

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <u>Diabetes</u>	How long <u>3 yrs 6 mos.</u>
Immediate <u>Uremic Coma</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. D. Baker M.D.</u>
	Address <u>Robersville Ind.</u>
Accident or Suicide? <u>None</u>	



Name
in
Full

Lapole - Still Birth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Trego</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>12</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Andrew Lapole</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Holmes</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Andrew Lapole</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary

Still Birth

How long

—

Immediate

—

How long

—

Are the name, age, sex, color, date and place correctly given above?

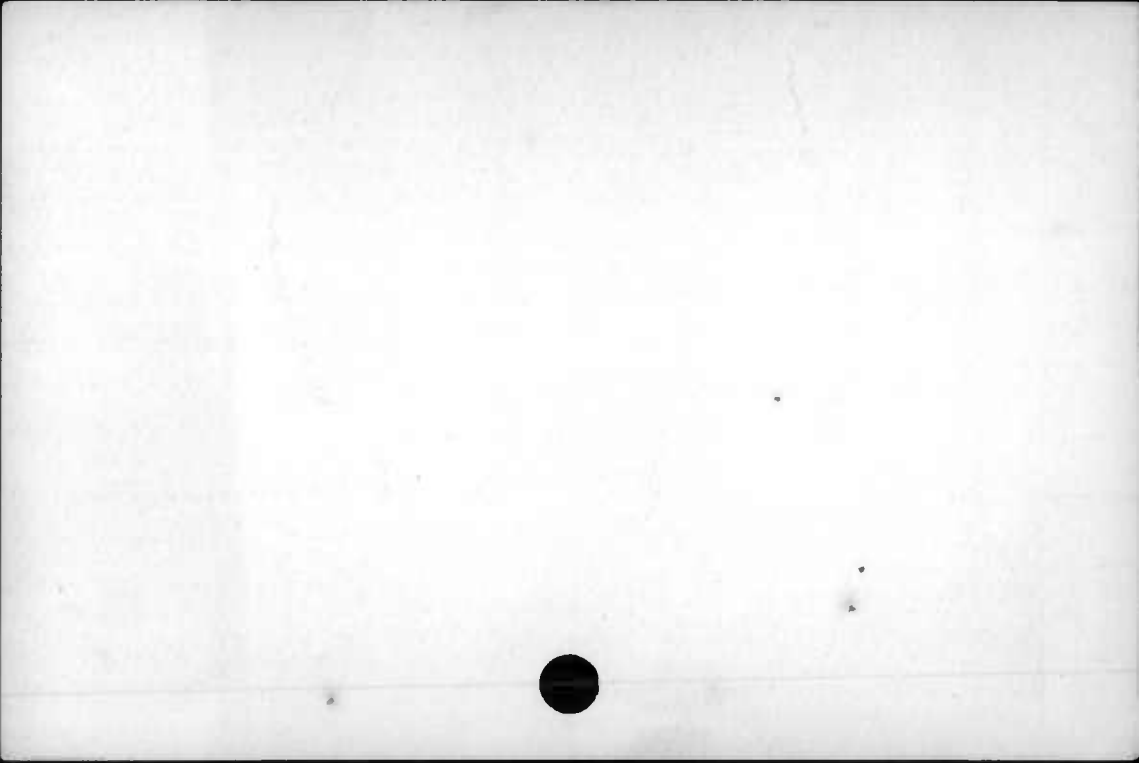
Yes

Signature of Physician

C.D. Baker

Address

*Rockville Ind.*Accident or Suicide?



Name in Full		Town				County		STATE							
Unmarried child of Claggett & Nannie Lushbaugh		Hagerstown		Wash.		MARYLAND									
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1907		11		22											
Sex		Color or Race		Birth-place											
male		white		Md.											
Occupation		Where Residing if not at place of death													
Married, Single or Widowed		Name of Wife or Husband													
single															
Father's Name		Father's Birthplace													
Claggett Lushbaugh		Md.													
Mother's Maiden Name		Mother's Birthplace													
Nannie Pitsenogle															
Name of person giving information		How related to deceased													
C. Lushbaugh		father.													
		CAUSES OF DEATH													
		Primary													
		Premature Birth													
		Immediate													
		Are the name, age, sex, color, date and place correctly given above?													
		72													
		Signature of Physician													
		Address													
		V. L. Miller													
		Hagerstown Md.													
		Accident or Suicide?													
		no													

Gunter

11/23/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

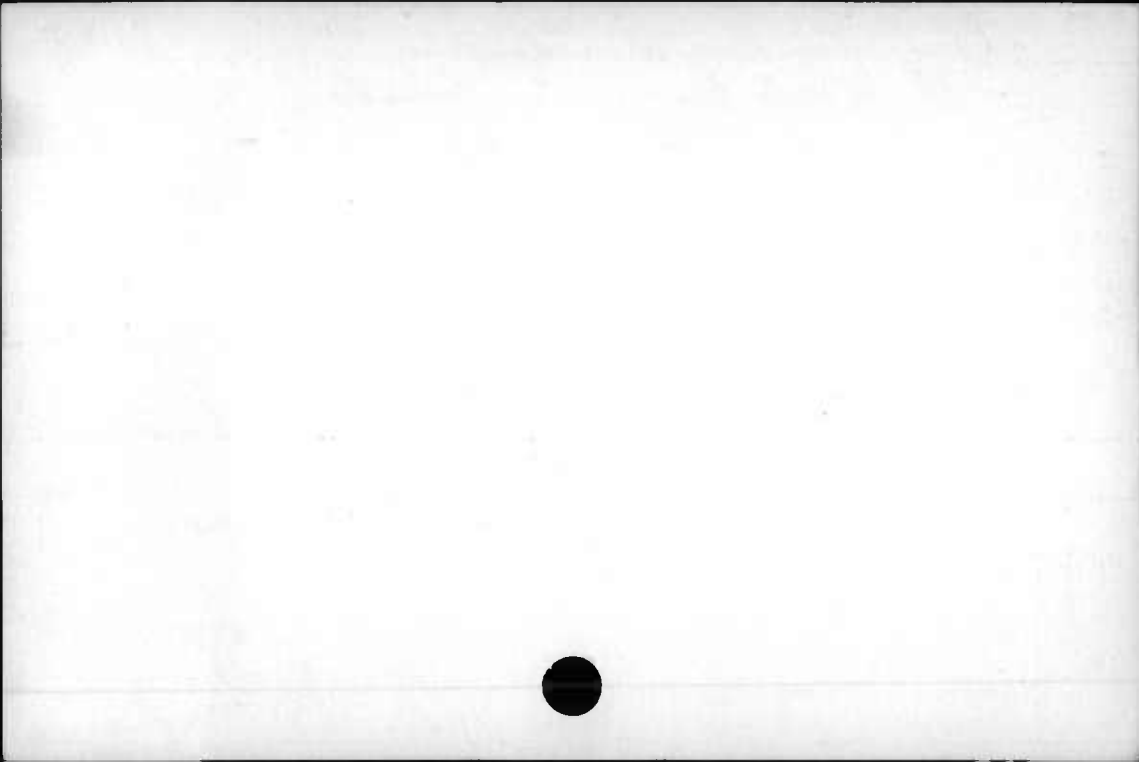
Alice K. Marmaduke		Town		County		MARYLAND	
Died at		Tammym Town		Hesh			
Date of death		1907	Month	Day	Age	Years	Months
		1907	nov	20	67		
Sex		Female		Color or Race		White	
Occupation		House wife		Where Residing if not at place of death		Tammym Town,	
Married, Single or Widowed		married		Name of Wife or Husband		Alice Cook	
Father's Name		Roger E. Cook		Father's Birthplace		New-York	
Mother's Maiden Name		Lousia Hammond		Mother's Birthplace		Kedysville, Md.	
Name of person giving information		Daniel Marmaduke		How related to deceased		Husband.	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Broncho-Pneumonia	How long	2 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Wm. Reichard	
Address		Fairplay.	
Accident or Suicide?			



Name
in
Full

Ellen Jane Martini

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

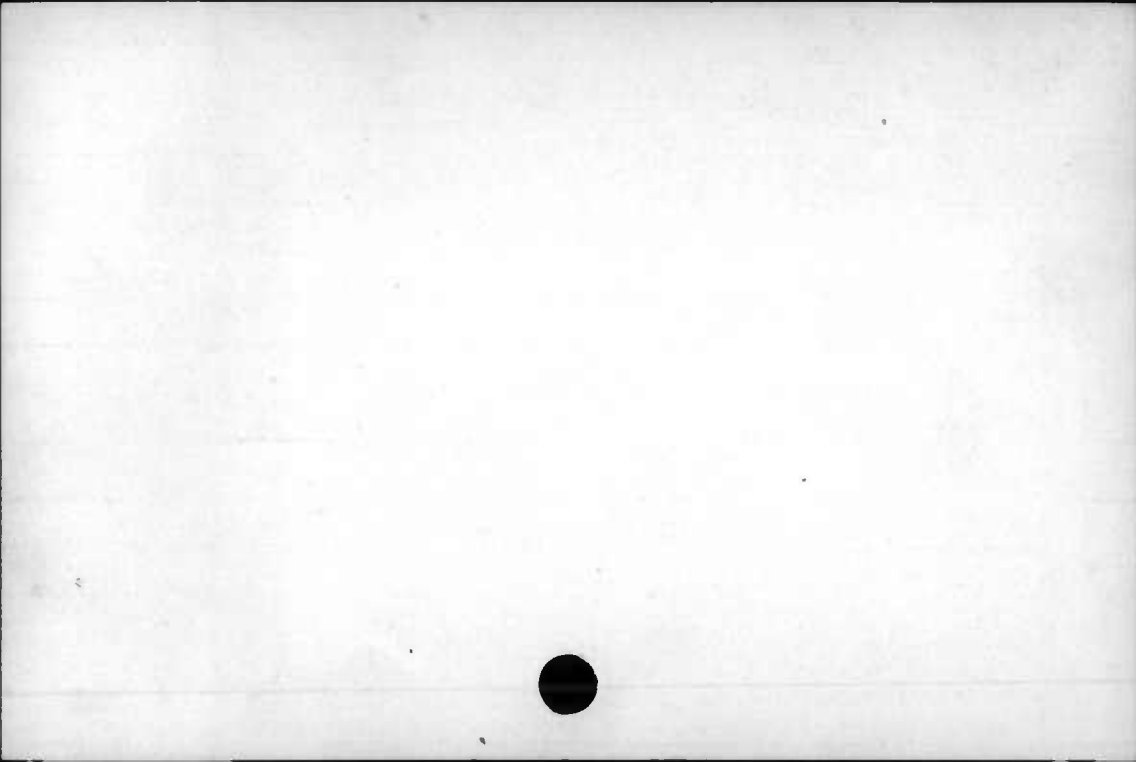
Died at <u>Hagerstown</u> <small>Town</small>		<u>Wash.</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>11</u> <small>Day</small>	<u>212</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>21</u> <small>Days</small>
Sex	<u>female</u>	Color or Race	<u>white</u>	Birth-place	<u>md.</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband			
Father's Name	<u>John Martini</u>			Father's Birthplace	<u>md.</u>
Mother's Maiden Name	<u>Lettie Coost</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>John Martini</u>			How related to deceased	<u>father</u>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<u>acute Gastritis</u>	How long	<u>24 hrs</u>
Immediate	<u>Cardiac Failure due to Hypertension</u>	How long	<u>5 minutes</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>A. P. Stauffer</u>	
		Address	
		<u>Hagerstown,</u>	
		<u>md</u>	
Accident or Suicide?			



Name
in
Full

Julila Matz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

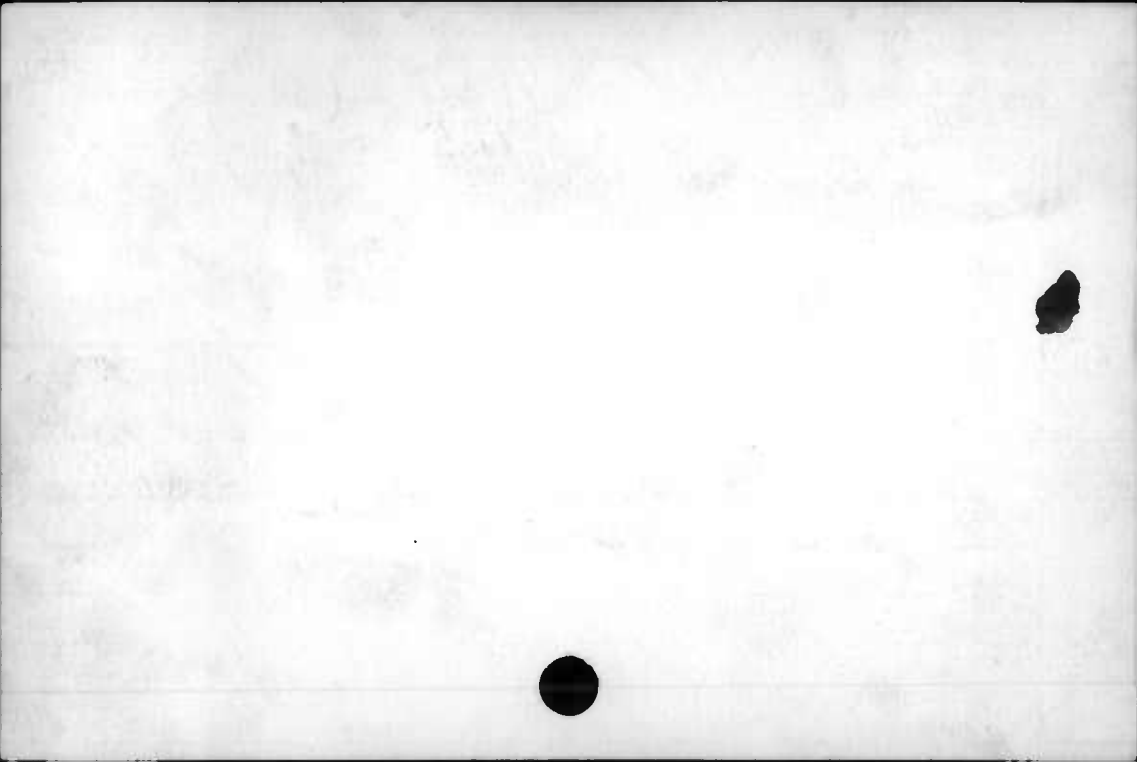
Died at <i>Longo</i> <small>Town</small>			<i>Washington</i> <small>County</small>			MARYLAND			
Date of death <i>1907</i>		<i>11</i> <small>Month</small>	<i>5</i> <small>Day</small>	Age <i>105</i>		<i>105</i> <small>Years</small>		<i>0</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>—</i>		Birth-place <i>Washington Co</i>					
Occupation <i>None</i>				Where Residing if not at place of death <i>Longo</i>					
Married, Single or Widowed				Name of Wife or Husband <i>Henry Matz</i>					
Father's Name <i>Don't-Know</i>				Father's Birthplace <i>Don't-Know</i>					
Mother's Maiden Name <i>Nancy Lutz</i>				Mother's Birthplace <i>Don't-Know</i>					
Name of person giving information				How related to deceased <i>Don't-Know</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Paratyphoid</i>	How long	<i>4 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Ed Baker M.D.</i>	
Address		<i>Rockersville, Ind.</i>	
Accident or Suicide?			



Name
in
Full

Lidya E Meredith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Hagerstown ^{County} Washington

Date of death 1907 Month 11 Day 25 Age 64 Years Months Days

Sex Female Color or Race white Birth place Md

Occupation House work Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Simon Meredith

Father's Birthplace Md

Mother's Maiden Name Mary Ann Schriver

Mother's Birthplace Md

Name of person giving information N E Meredith

How related to deceased Brother

CAUSES OF DEATH

79

Primary Organ Heart Disease

How long 1 year or more

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Hagerstown

Accident or Suicide?

Coffman
Hogston

Name
in
Full

CERTIFICATE OF DEATH

Samuel Miller

Town

County

MARYLAND

Died at

Date

of death

1907

Month

11

Day

3

Age

Years

81

Months

9

Days

3

Sex

Male

Color or
Race

White

Birth-
place

Smithsburg

Occupation

Baggage Maker

Where Residing if not
at place of death

Frankstown

Married, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Miller

Father's
Name

John Miller

Father's
Birthplace

Boonsboro.

Mother's
Maiden Name

Mary Poffenberger

Mother's
Birthplace

Hagerstown

Name of person giving
Information

Wife

How related
to deceased

Wife

CAUSES OF DEATH

120

Primary

Heart dropping

Duration

18 minutes

Immediate

1st heart failure

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. J. Wenzel

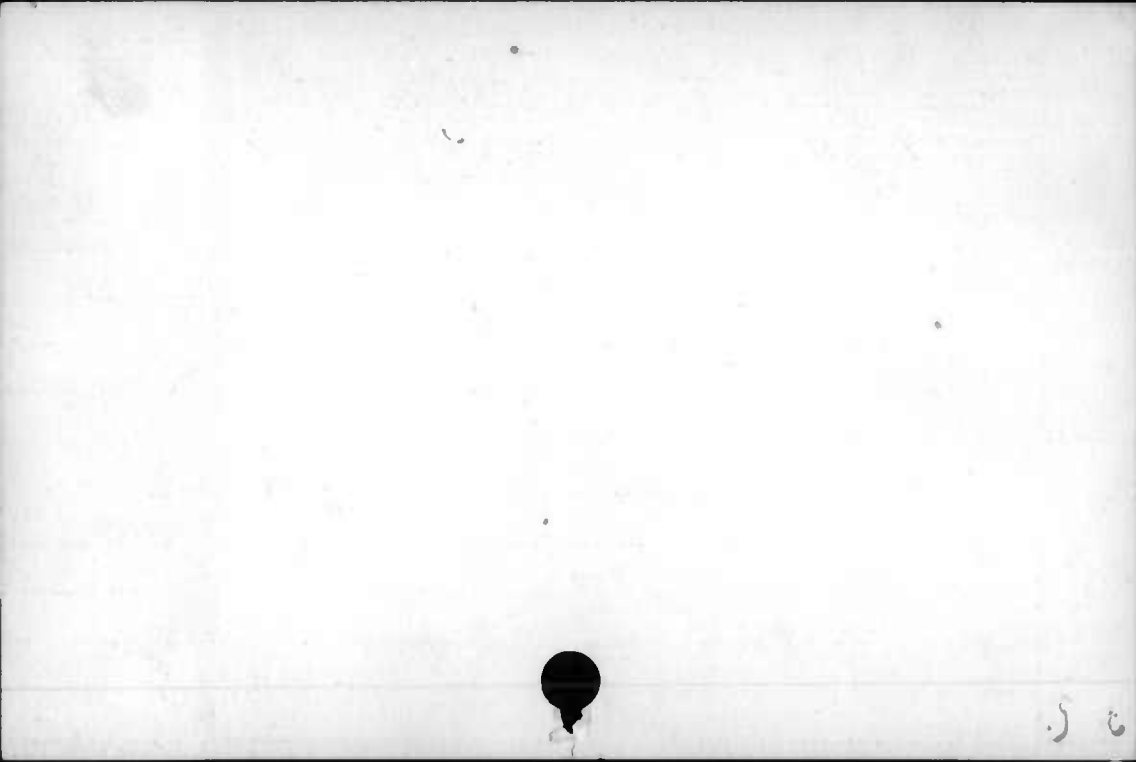
Address

Frankstown

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Infant. No name

CERTIFICATE OF DEATH

West. Va
MARYLAND

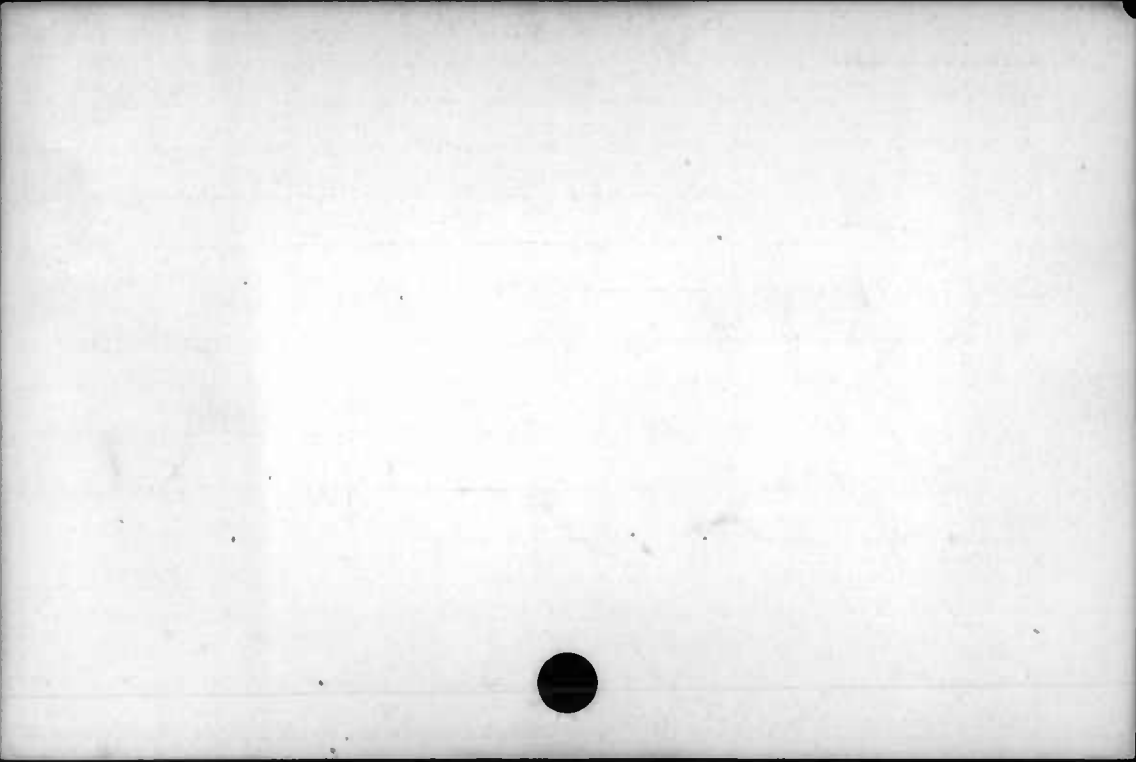
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Run</i>		Town <i>Morgan</i>		County	
Date of death	<i>1907 Nov</i>	Month	<i>21</i>	Day	Age
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Cherry Run W. Va</i>		Months	Days
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Muller</i>		Father's Birthplace <i>Clear Springs Md</i>			
Mother's Maiden Name <i>Clara Peunier</i>		Mother's Birthplace <i>Park Forest Md</i>			
Name of person giving information <i>Aggie Muller</i>		How related to deceased <i>Aunt</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. E. Stegus</i>
	Address <i>Hancock Md</i>
	<i>S. M. Riddle</i>
	<i>Local Health Officer</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

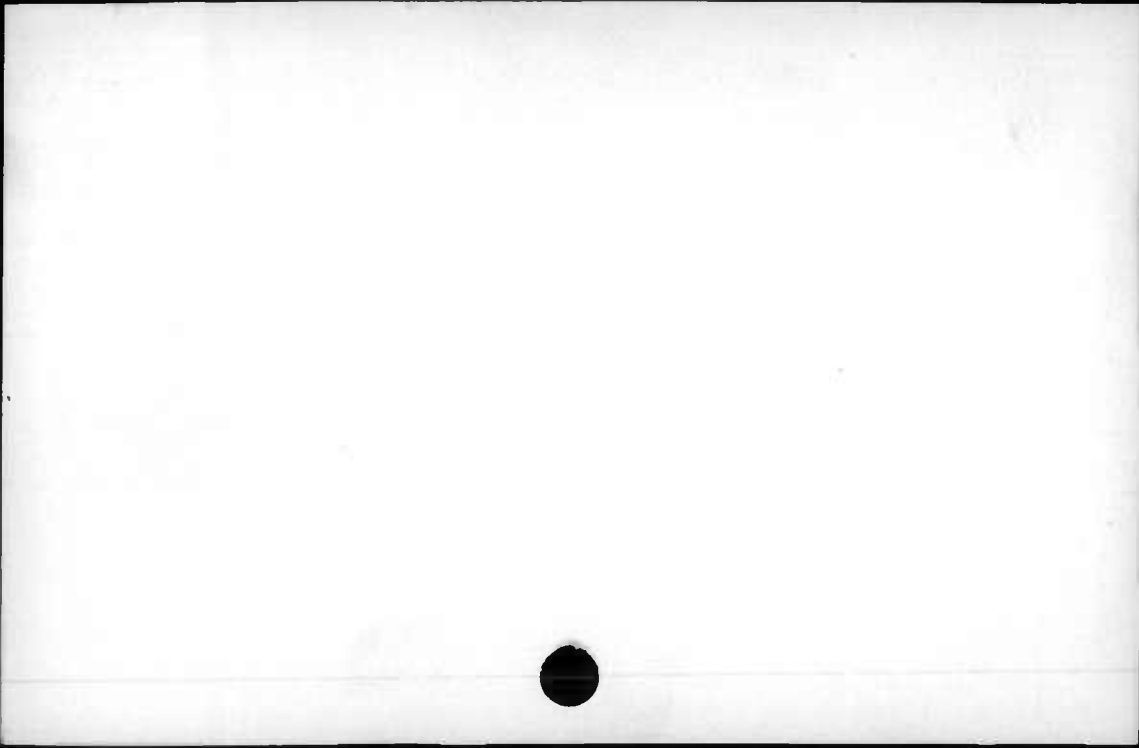
Primary	Acute Indigestion.		How long	2 hours
Immediate	Heart Failure		How long	a few moments
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Address		E. C. Wankam		
Address		1649 2nd Avenue N.E.		
Accident or Suicide?				

Watkins

Smithburg

Name in Full		CATHARINE ACKER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Naplesville		County Washington		State MARYLAND
	Date of death		1907	Month Nov	Day 6	Age 71	Years 10
	Sex		Female		Color or Race White		Birthplace Washington Co.
	Occupation		Housewife		Where Residing if not at place of death		
	Married, Single or Widowed		Divorced		Name of Wife or Husband Samuel Acker Divorced		
	Father's Name		Samuel Bowman		Father's Birthplace Washington Co.		
	Mother's Maiden Name		Honey Mace		Mother's Birthplace " "		
Name of person giving information		Mrs. Mary Galor		How related to deceased		Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		Apoplexy				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. J. Smith		
			Address		Burnsboro Ind		
	Accident or Suicide?						

164



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant Thos^{ny} Ada Poffenburger</i>		County <i>Washington</i>		MAYLAND	
Died at <i>near Sharpshury</i>		Town <i>Sharpshury</i>		State <i>MARYLAND</i>	
Date of death <i>1907 Nov 2</i>		Month <i>Nov</i>		Day <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>near</i>	
Occupation <i>_____</i>		Birth-place <i>Sharpshury</i>		Months <i>1</i>	
Where Residing if not at place of death <i>_____</i>		Days <i>1</i>			
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Roy Poffenburger</i>		Father's Birthplace <i>near Sharpshury Md</i>			
Mother's Maiden Name <i>Ada Colbert</i>		Mother's Birthplace <i>Anhietam Md</i>			
Name of person giving information <i>Thos. Poffenburger</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

1571

PHYSICIAN
OR CORONER

Primary <i>Premature Labor from an injury</i>	How long <i>About a week before birth</i>
Immediate <i>_____</i>	How long <i>about 24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Sharpshury Md.</i>
Accident or Suicide? <i>Accident</i>	

Chas. S. Wade
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

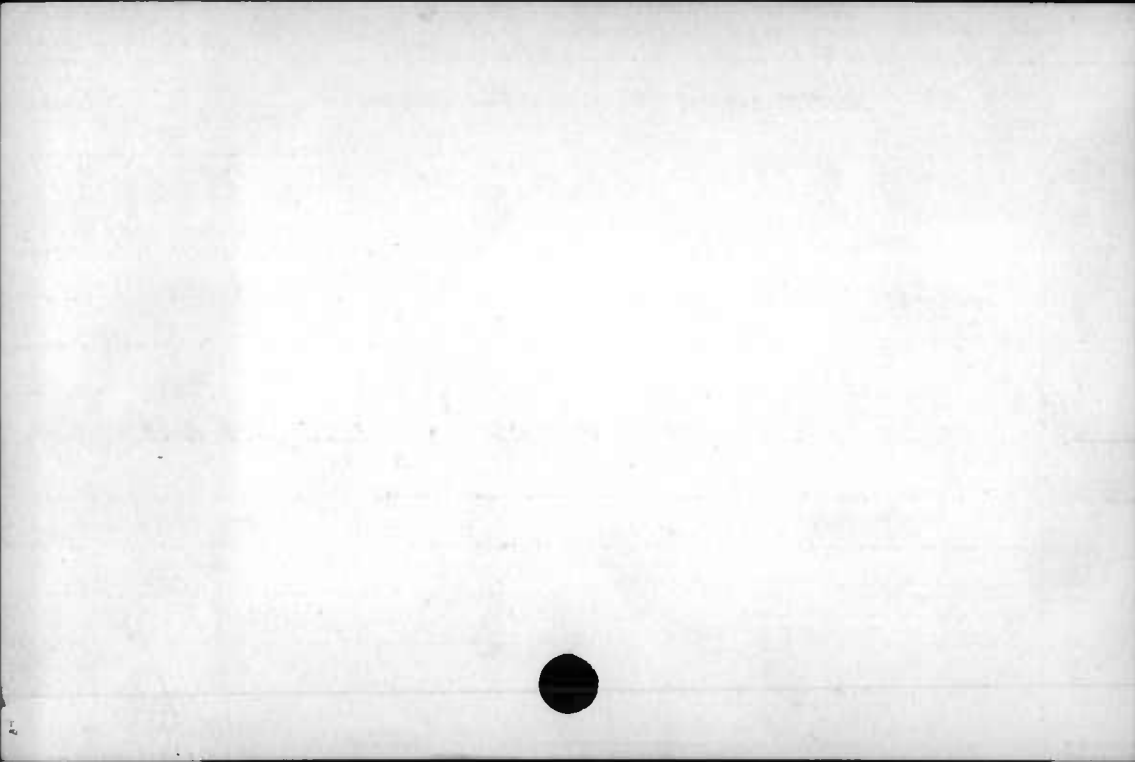
Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>11</i>	Day <i>4</i>	Age <i>11</i>	Years <i>11</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William S. Porter</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Josephine Seary</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>W. S. Porter</i>		How related to deceased <i>father.</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Gastritis, and Rheumatism</i>	How long <i>Two weeks</i>
Immediate <i>Meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Derr-</i>
	Address <i>Hagerstown</i>
	<i>Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		County <i>Wash.</i>		MARYLAND	
Date of death	1907	Month	11	Day	29
Age	45	Years		Months	
Sex	male	Color or Race	white	Birth-place	Italy
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	married		Name of Wife or Husband <i>Not Known</i>		
Father's Name	<i>Not Known</i>		Father's Birthplace		
Mother's Maiden Name	"		Mother's Birthplace		
Name of person giving information	<i>S. P. Angle</i>		How related to deceased <i>None</i>		

Accidental

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Leg & Internal Apoplexy</i>	How long	—
Immediate	<i>Exhaustion</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. E. Markman</i>	
y 32		Address	
Accident or Suicide? <i>Accident</i>			

Bellvue.

Suttons Lane

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John A. Kanel* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* Date of death *190* *11* Month *15* Day *56* Age *56* Years Months Days

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John M. Kanel* Father's Birthplace *Bellevue*

Mother's Maiden Name *Marion M. Kanel* Mother's Birthplace *MD*

Name of person giving information *Mary Kanel* How related to deceased *Sister*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bonght's Disease* How long *Don't know*

Immediate *Uraemic Poisoning* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A.D. Buyster* Address *Hagerstown, Md*

Accident or Suicide? *No*

Rose Hill

Mathison

Name
in
Full

CERTIFICATE OF DEATH

Annie Ruck

Died at *Hagerstown* ^{Town} *Washington* ^{County} *MARYLAND*
Date of death *1907* ^{Month} *11* ^{Day} *26* ^{Years} *70* ^{Months} *-* ^{Days} *-*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *House work* Where Residing if not at place of death *-*

Married, Single or Widowed *Widow* Name of Wife or Husband *James Ruck*

Father's Name *Don't know* Father's Birthplace *S. K.*

Mother's Maiden Name *S. K.* Mother's Birthplace *S. K.*

Name of person giving information *John Ruck* How related to deceased *Son*

CAUSES OF DEATH

79

Primary *Heart* How long *Some months*
Immediate *Heart* How long *Some months*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. B. Doyle
Hagerstown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lyfman
Hagblom

Name
in
Full

Ida M. Rudy

CERTIFICATE OF DEATH.

TO BE ANSWERED BY
NEAREST FRIEND

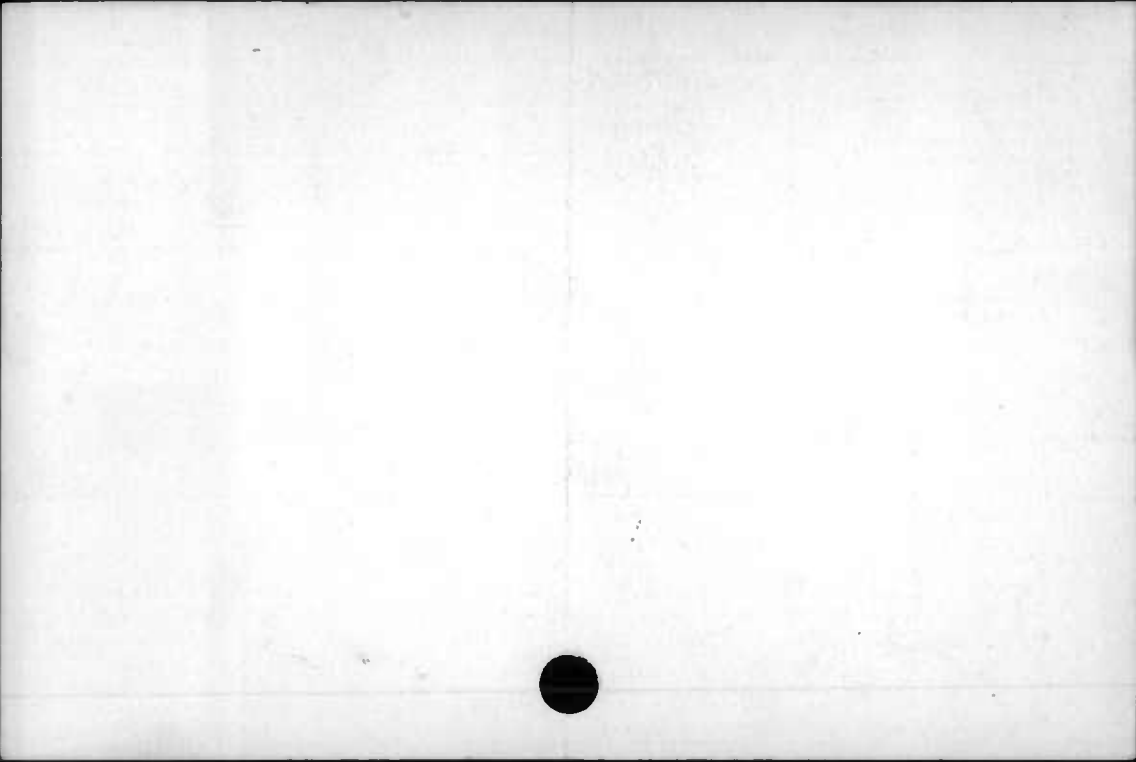
Died at <i>Pondaville</i> ^{Town}		<i>Stash</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>6</i>	Age <i>25</i>	Years <i>9</i>	Months <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Pondaville</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>" "</i>			
Married, Single <i>or Widowed</i>	Name of Wife or Husband <i>Ida M. Rudy</i>				
Father's Name <i>Samuel Bline</i>	Father's Birthplace <i>Pondaville</i>				
Mother's Maiden Name <i>Ester Smith</i>	Mother's Birthplace <i>Fred Co.</i>				
Name of person giving information <i>Clarence Rudy</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Disease (Aortic Insufficiency)</i>	How long <i>All life</i>
Immediate <i>Failure Heart</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. A. Quinn M.D.</i>
	Address <i>Chewsville Md.</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County		
Date of death		Month	Day	Year	Months	Days
1907		11	11	82	13	13
Sex		Color or Race		Birth place		
Male		White		Virginia		
Occupation		Where Residing if not at place of death				
Farmer						
Married, Single or Widowed		Name of Wife or Husband				
Married		Margaret D. Dool				
Father's Name		Father's Birthplace				
John Shook		Virginia				
Mother's Maiden Name		Mother's Birthplace				
Rachel K. K. K.		Unknown				
Name of person giving information		How related to deceased				
Officer		Niece				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Drugs with Valves heart trouble	How long	Four weeks
Immediate	Heart failure	How long	Sudden
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. L. Richardson	
		Address	
		Williamport Md	
Accident or Suicide?			
No			

Records

July 29

111

2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

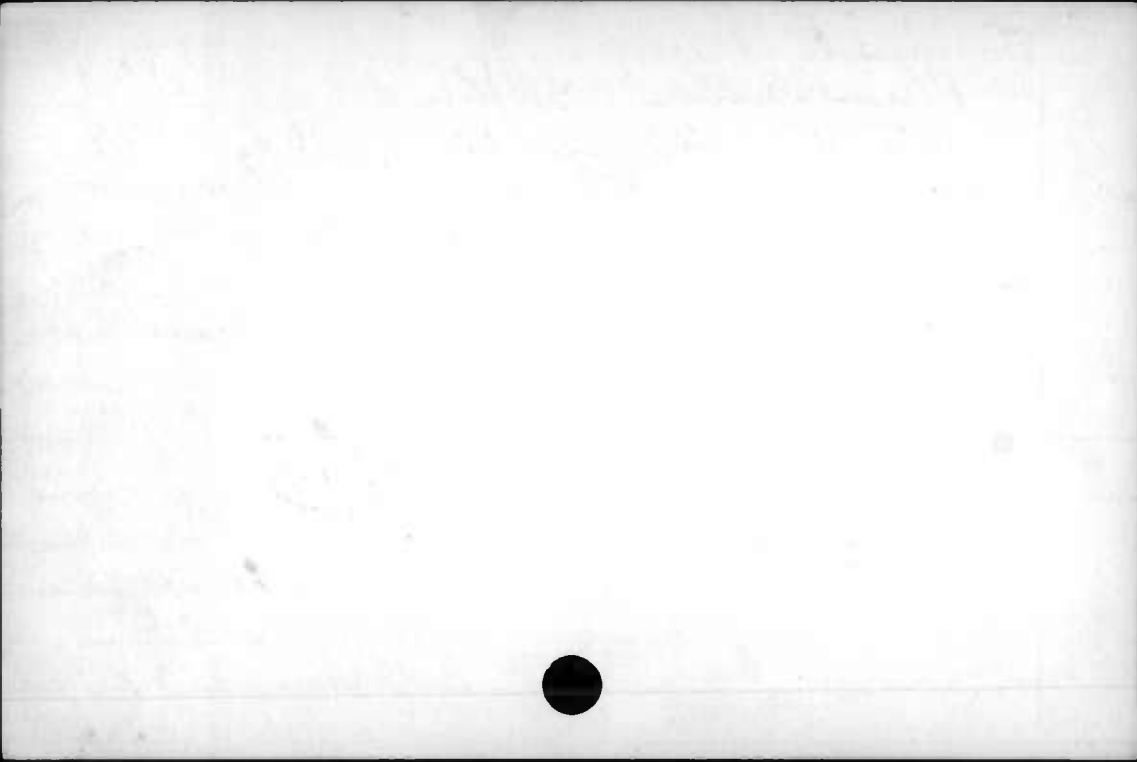
Name in Full David F Smith		Town Robrarsville		County Wash		State MARYLAND	
Died at Robrarsville		Month 11		Day 3		Age 55	
Date of death 1907		Month 11		Day 3		Years 55	
Sex Male		Color or Race White		Birthplace Loonst-Grove		Months 10	
Occupation Stone-Raiser		Where Residing if not at place of death Robrarsville		Days 29			
Married, Single or Widowed Single		Name of Wife or Husband Mary E Smith		Father's Birthplace Loonst-Grove			
Father's Name Mahlon Smith		Mother's Birthplace Loonst-Grove		Mother's Maiden Name Susan Young			
Name of person giving information Mary Smith		How related to deceased Wife					

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary Curvature of spine	How long 20 years
Immediate Asthma & Collapse of Lung	How long 20 years
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C. D. Baker
	Address Robrarsville
Accident or Suicide?	

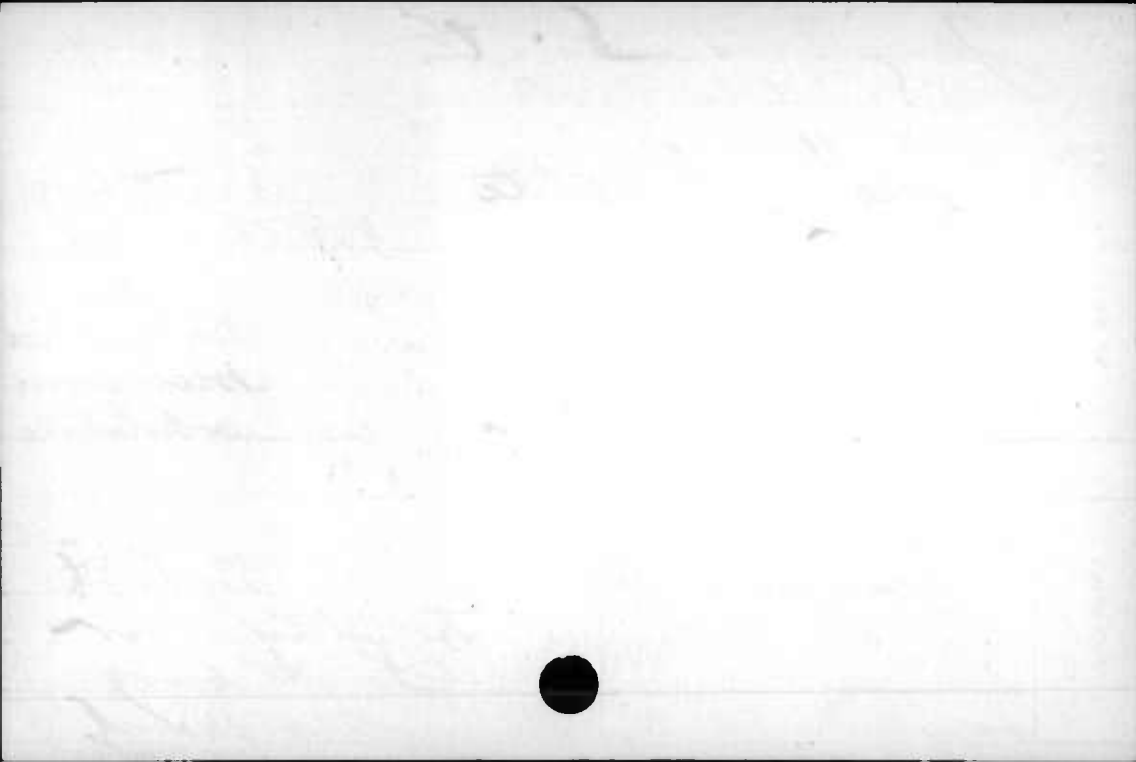


Name in Full Ernest Smith		CERTIFICATE OF DEATH	
Died at Pleasant Valley Town		Washington County	
Date of death 1907 Month 11 Day 23		Age 6 Years Months Days	
Sex Male		Color or Race White	
Occupation none		Birth-place Pleasant Valley	
Where Residing if not at place of death Pleasant Valley			
Married, Single or Widowed		Name of Wife or Husband Ernest Smith	
Father's Name Elmer Smith		Father's Birthplace Pleasant Valley	
Mother's Maiden Name Virginia Bowman		Mother's Birthplace Pleasant Valley	
Name of person giving information Elmer Smith		How related to deceased Father	
CAUSES OF DEATH			
Primary Iller Coletis		How long Two weeks	
Immediate Convulsions		How long Two days	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician Dr. M. K. Sawyer	
		Address Smithsburg	
Accident or Suicide?		Maryland	

• TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

105



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

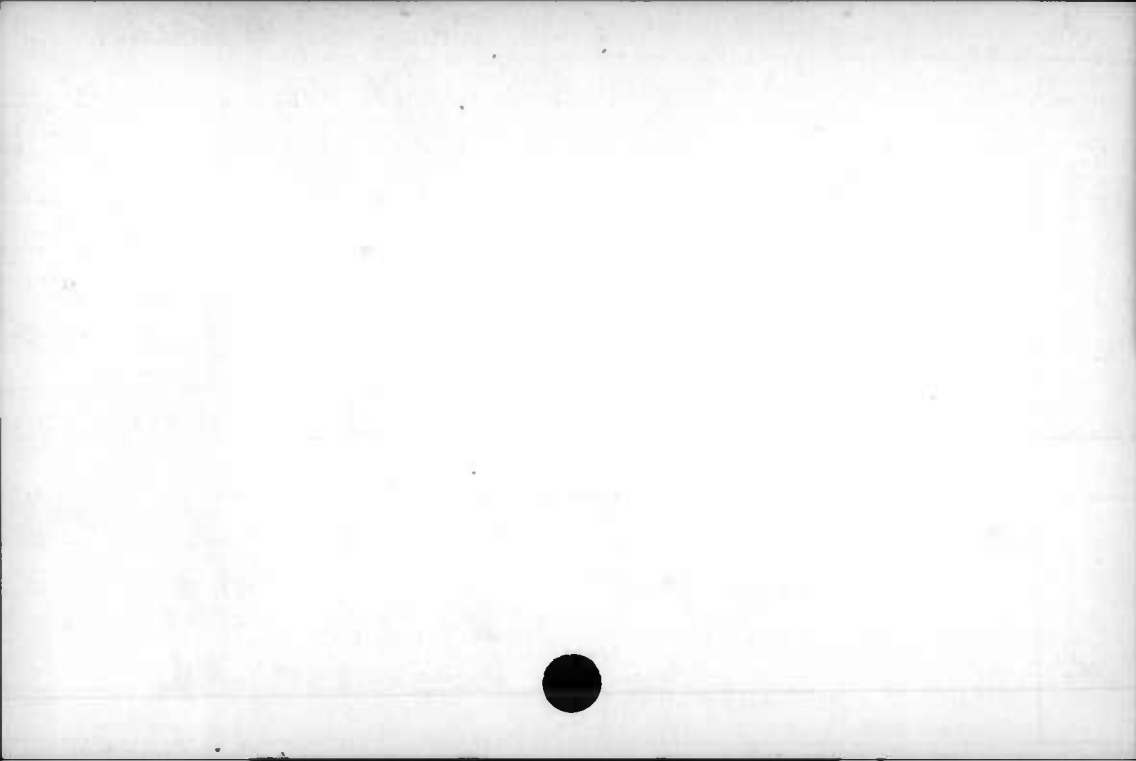
Died at <u>Smithsburg</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND		
Date of death <u>1907</u>	Month <u>11</u>	Day <u>14</u>	Age <u>65</u>	Years <u>65</u>	Months <u>0</u>	Days <u>25</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Smithsburg</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Smithsburg</u>					
Married, Single or Widowed	Name of Wife or Husband <u> </u>					
Father's Name <u>Jonathan Smith</u>	Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>					
Name of person giving information <u>John P Miller</u>	How related to deceased <u>No Relation</u>					

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary <u> </u>	How long <u> </u>
Immediate <u>Angina Pectoris</u>	How long <u>Instant</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>To M Kefauver</u>
	Address <u>Smithsburg</u>
	<u>Maryland</u>
Accident or Suicide? <u> </u>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

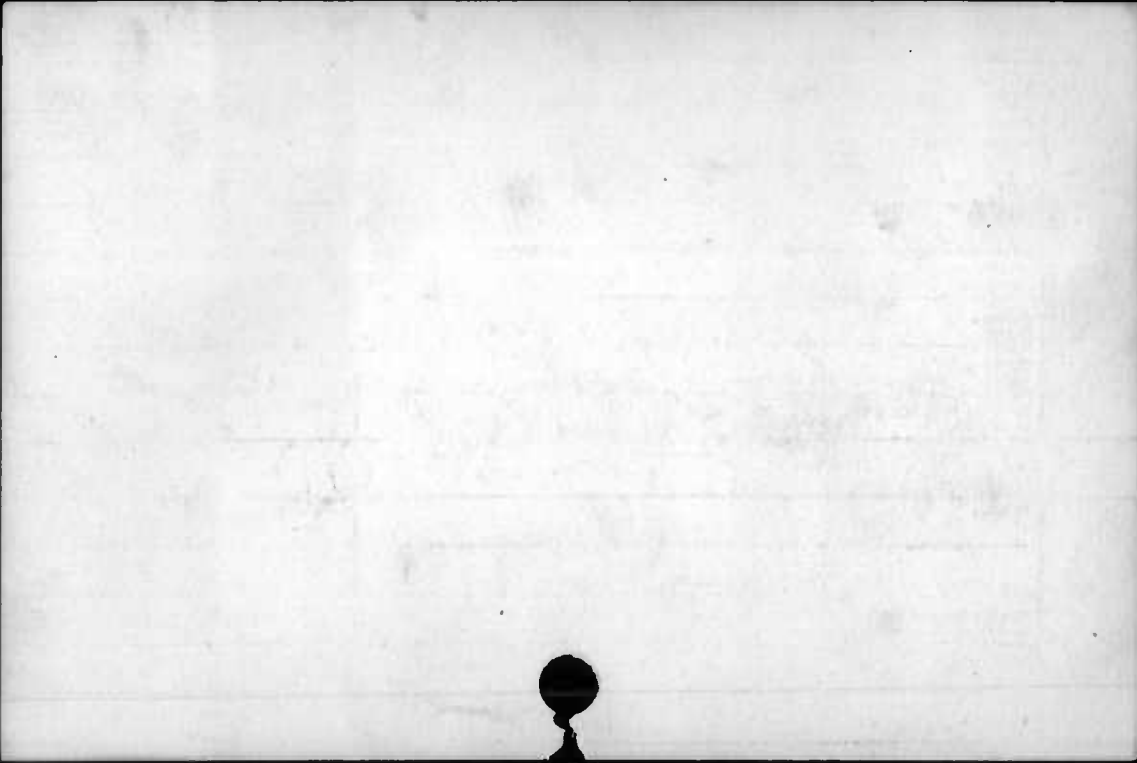
Died at		Town <i>Williamport</i>		County <i>Washington</i>		MARYLAND	
Date of death		190	Month <i>Nov</i>	Day <i>30</i>	Age <i>63</i>	Years <i>2</i>	Months <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>W. Va</i>			
Occupation <i>Carpenter</i>				Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. Silvers</i>					
Father's Name <i>Jacob Spitznogle</i>				Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Anna Beach</i>				Mother's Birthplace <i>W. Va</i>			
Name of person giving information <i>Jack Spitznogle</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Dilated Heart and Diseased Kidneys</i>	How long <i>four months</i>
Immediate	<i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?		
<i>Yes</i>		
Signature of Physician <i>Dr. D. T. Leshner</i>		
Address <i>Williamport Md</i>		
Accident or Suicide?		



CERTIFICATE OF DEATH

Died at <i>near State line</i>		County <i>wash</i>		MARYLAND	
Date of death 1907	Month <i>November</i>	Day <i>1</i>	Age <i>—</i>	Months <i>1</i>	Days <i>8</i>
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>near State line</i>	
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Lewis Stahl</i>			Father's Birthplace <i>Wash Co Ind</i>		
Mother's Maiden Name <i>Ana Bell Eickelberger</i>			Mother's Birthplace <i>Wash Co Ind</i>		
Name of person giving information <i>Lewis Stahl</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

151

Primary	7/12/22	How long	20 years
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	D. C. R. Miller M.D.
		Address	11400 R. 400 — Pa.
Accident or Suicide?	—		

Salem Church,

Name
in
Full

CERTIFICATE OF DEATH

Jacob M. Startzman

Town

County

MARYLAND

Died at

Hagerstown

Washington

Date

Month

Day

Years

Months

Days

of death 1907

11

15

Age

74

11

16

Sex

Male

Color or
Race

White

Birth-
place

MD

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Catharine Schindel

Father's
Name

Daniel Startzman

Father's
Birthplace

MD

Mother's
Maiden Name

Anna Stahl

Mother's
Birthplace

MD

Name of person giving
In formation

Harry Startzman

How related
to deceased

Son

CAUSES OF DEATH

114

Primary

Disease of Liver

How long

Several months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J M V Scott

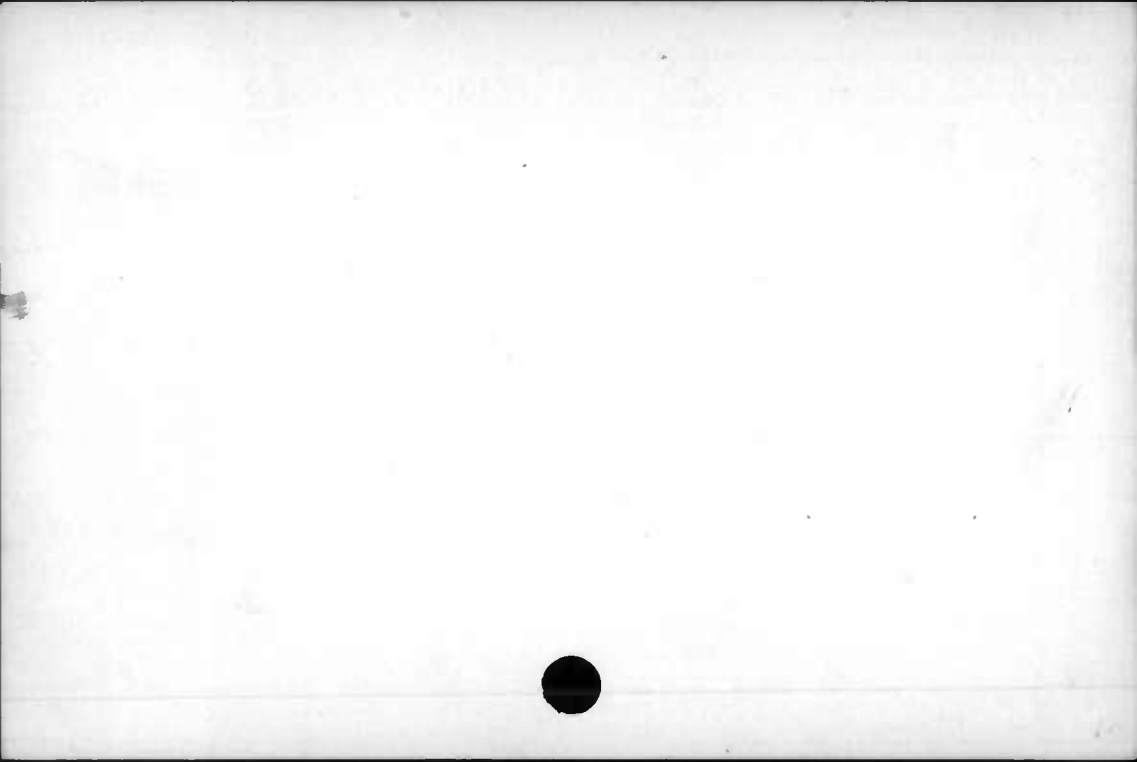
Address

Hagerstown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mrs Daisy Tanner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		11	24	29			
Sex	Female	Color or Race	white	Birth-place	Virginia		
Occupation	H. W.			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Wm M. Tanner.			
Father's Name	Wm L. Morris			Father's Birthplace	Va.		
Mother's Maiden Name	Jennie Barnes			Mother's Birthplace	"		
Name of person giving information	W. M. Tanner			How related to deceased	husband		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	One month
Immediate	Tuberculosis	How long	Two months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas. B. English D.	
		Address	
		W. Washington	
		Baltimore Md	
Accident or Suicide?			

Martinsburg

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town} <i>Washington</i> ^{County}		MARYLAND		
Date of death <i>1907</i>	<i>11</i> ^{Month} <i>-9</i> ^{Day}	<i>1</i> ^{Years}	<i>4</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>		
Occupation <i></i>	Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>			
Father's Name <i>William Thompson</i>	Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Eleonora Dasty</i>	Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Eleonora Dasty</i>	How related to deceased <i>Mother</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho-pneumonia</i>	How long <i>1 week</i>
Immediate <i>Cardiac Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. M. Dugan</i>
<i>no</i>	Address <i>Hagerstown, Ind.</i>
Accident or Suicide? <i>no</i>	

Copied
Haefer

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST-FRIEND

Name in Full <i>Margaret Thompson</i>		Town <i>Bellevue</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Bellevue</i>		Month <i>Nov</i>		Day <i>17</i>		Age <i>73</i>	
Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>17</i>		Age <i>73</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Douville Md</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Belzoni</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jacob Thompson Deca</i>					
Father's Name <i>Vaughan Brooks</i>		Father's Birthplace <i>Douville</i>					
Mother's Maiden Name <i>Amy Pettit</i>		Mother's Birthplace <i>Fred C. Ma</i>					
Name of person giving information <i>Mamie Brooks</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 days</i>
Immediate <i>Exhaustion (Emility)</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. M. M. M. M.</i>
Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>no</i>	

Recorded
11/20.07

Name
in
Full

Deliah Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1904</i>	Month <i>11</i>	Day <i>9</i>	Age <i>60</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth place <i>Ind</i>			
Occupation <i>House work</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Turner</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Res J. C. Newman</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Chronic Endocarditis</i>	How long <i>31 -</i>
Immediate <i>Exhaustion</i>	How long <i>few weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Victor Mueller</i>
	Address <i>Hagerstown Ind</i>
Accident or Suicide? <i>No.</i>	

Coffman
H. J. W.

Name
In
Full

Thomas Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i> ^{County} <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	^{Month} <i>11</i>	^{Day} <i>10</i>	^{Years} <i>35</i>
		^{Months} <i>4</i>	^{Days} <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>W Va</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Ann</i>		
Father's Name <i>Laurence Washington</i>	Father's Birthplace <i>W Va</i>		
Mother's Maiden Name <i>Ellen Hopewell</i>	Mother's Birthplace <i>W Va</i>		
Name of person giving information <i>Ida Washington</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

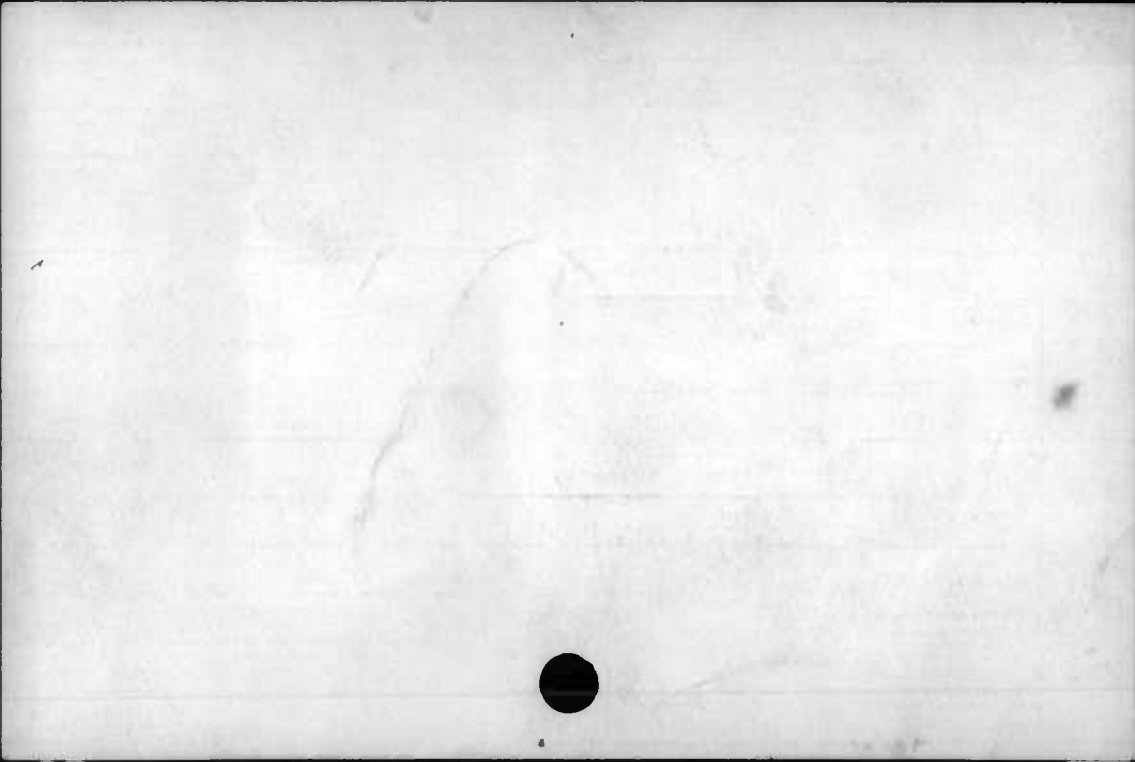
166

PHYSICIAN
OR CORONER

Primary <i>R. R. Accident</i>	How long <i>14 hrs.</i>
Immediate <i>Shock</i>	How long <i>20 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. K. Laughlin</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>Accident</i>	

Copied from
Shepherdstown

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Seagers town</i>				<i>Wash.</i>		MARYLAND			
		Date of death 190 <i>7</i>		Month <i>11</i>	Day <i>3</i>	Age <i>67</i>	Years	Months <i>7</i>	Days <i>15</i>		
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>					
		Occupation <i>Laborer</i>				Where Residing if not at place of death					
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary Bower Wellinger</i>							
PHYSICIAN OR CORONER		Father's Name <i>Abraham Wellinger</i>				Father's Birthplace <i>Germany</i>					
		Mother's Maiden Name <i>Catherine Fleck</i>				Mother's Birthplace <i>"</i>					
		Name of person giving information <i>Mrs J. P. Wellinger</i>				How related to deceased <i>wife</i>					
		CAUSES OF DEATH				(120)					
PHYSICIAN OR CORONER		Primary <i>Bright disease</i>				How long <i>months</i>					
		Immediate <i>Kidney</i>				How long <i>months</i>					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
		<i>yes</i>				Address <i>Chas. R. Boyle</i>					
		Accident or Suicide?									



Name
in
Full

Mary Edgewart Williams

CERTIFICATE OF DEATH

Died at Bowie, Md.		County Washington		MARYLAND	
Date of death	1907	Month Nov.	Day 3	Age Years 58	Months — Days —
Sex Female	Color or Race White	Birth- place Maryland.			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Gilman W. Williams.				
Father's Name John Murray	Father's Birthplace Ireland.				
Mother's Maiden Name Edgewart Riddle	Mother's Birthplace Pennsylvania				
Name of person giving Information Mrs. David Hammond.	How related to deceased Sister				

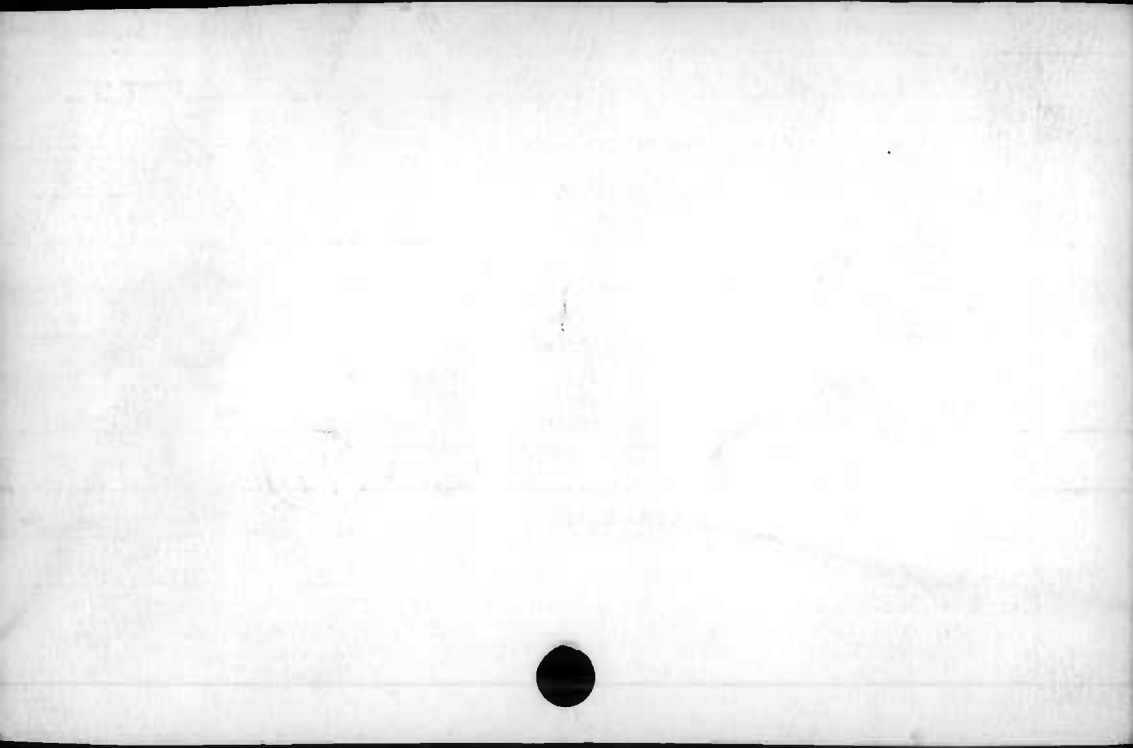
CAUSES OF DEATH

79

Primary	Mitral Regurgitation	How long 1 year
Immediate	Dropsy	How long 8 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Hubert Wade, M.D.
		Address Bowie, Md.
Accident or Suicide?	No	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

2



Name
in
Full

CERTIFICATE OF DEATH

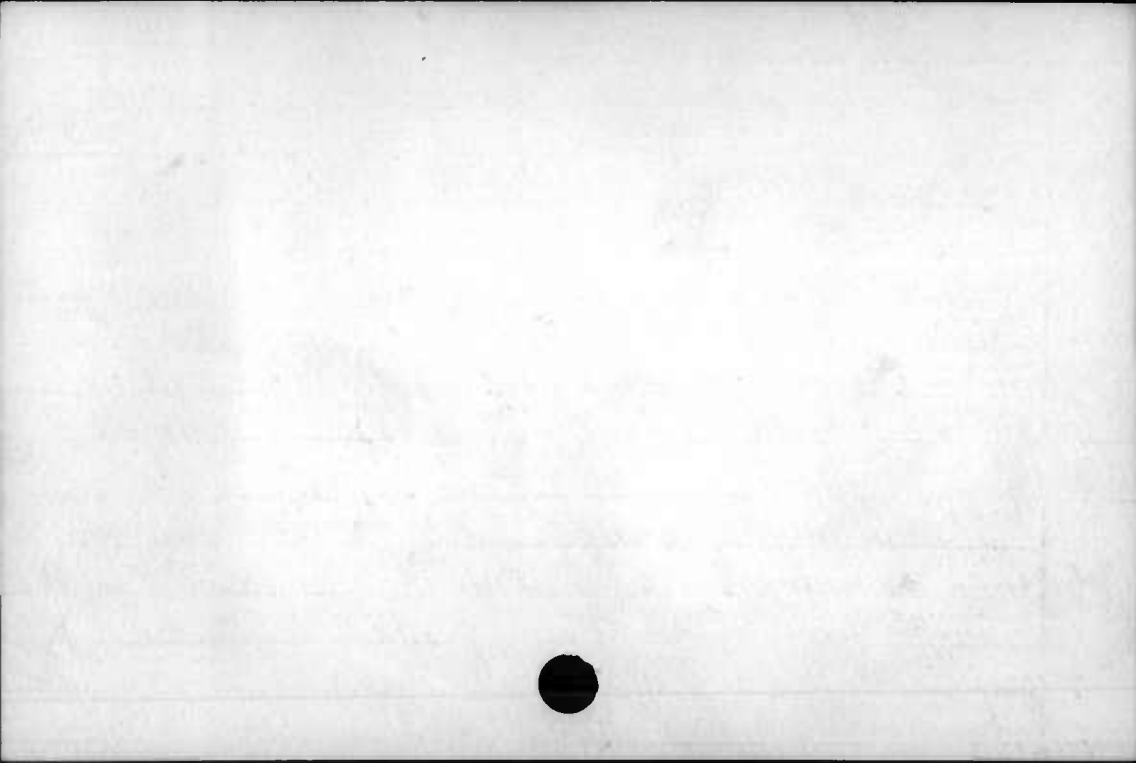
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Albert A. Witmer</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>11</i>		Day <i>24</i>		Years <i>3</i>	
Date of death <i>1907</i>		Month <i>11</i>		Day <i>24</i>		Years <i>3</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>md.</i>		Days <i>23</i>	
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Frederick Witmer</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Lelia Shupp</i>		Mother's Birthplace <i></i>					
Name of person giving information <i>Frederick Witmer</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hoping Cough</i>	How long <i>5 1/2 weeks</i>
Immediate <i>Supposed to Drown</i>	How long <i>found Dead</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Pitts</i>
	Address <i>Hagerstown md</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Hagerstown		Wash.		Maryland			
Date of death		Month	Day	Years	Months	Days	
1907		11	24	Age	3	23	
Sex	female	Color or Race	white	Birth place	Md.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	Frederick Witmer				Father's Birthplace	Md.	
Mother's Maiden Name	Relia Shupp				Mother's Birthplace	"	
Name of person giving information	Frederick Witmer				How related to deceased	father.	

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Drooping Cough		How long	5 Weeks
Immediate	Suffocation by broth		How long	found dead
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			J. E. Patonogh	
			Address	
			Hagerstown Md	
Accident or Suicide?		Accident		

